1		AN ACT relating to emergency medical services and declaring an emergency.
2	Be i	t enacted by the General Assembly of the Commonwealth of Kentucky:
3		→SECTION 1. A NEW SECTION OF KRS CHAPTER 216B IS CREATED TO
4	REA	AD AS FOLLOWS:
5	<u>(1)</u>	The Cabinet for Health and Family Services shall establish and operate the
6		Emergency Medical Services Advisory Committee to study the current provision
7		of emergency medical services and medical transportation and to develop
8		strategies to better meet the needs of Kentucky's citizens.
9	<u>(2)</u>	The advisory committee shall study:
10		(a) The response times of ambulances and other medical transportation
11		providers;
12		(b) How to revise the levels of certification or licensure established by Section 4
13		or 6 of this Act or created by the Office of Inspector General pursuant to
14		subsection (2) of Section 6 of this Act;
15		(c) Improvements for the delivery of services to patients in need of physical or
16		behavioral health services; and
17		(d) Other issues relating to emergency medical services and medical
18		transportation.
19	<u>(3)</u>	The advisory committee shall be composed of at least the following members:
20		(a) The secretary of the Cabinet for Health and Family Services, or his or her
21		designee;
22		(b) The commissioner of the Department for Medicaid Services, or his or her
23		designee;
24		(c) The commissioner of the Department for Behavioral Health, Developmental
25		and Intellectual Disabilities, or his or her designee;
26		(d) The inspector general for the cabinet, or his or her designee, who shall
2.7		serve as chair of the advisory committee:

1		(e) Two (2) physicians appointed by the Kentucky Medical Association;
2		(f) Two (2) representatives of the Kentucky Ambulance Providers Association
3		appointed by the Kentucky Ambulance Providers Association;
4		(g) Two (2) hospital administrators appointed by the Kentucky Hospital
5		Association;
6		(h) Two (2) representatives of the Kentucky Hospital Association appointed by
7		the Kentucky Hospital Association;
8		(i) One (1) local government representative appointed by the Kentucky
9		Association of Counties;
10		(j) One (1) local government representative appointed by the Kentucky League
11		of Cities;
12		(k) Two (2) representatives of the Kentucky Mental Health Coalition appointed
13		by the Kentucky Mental Health Coalition;
14		(l) One (1) nursing home administrator appointed by the Kentucky Association
15		of Health Care Facilities/Kentucky Center for Assisted Living;
16		(m) One (1) nursing home administrator appointed by LeadingAge Kentucky;
17		(n) One (1) representative of LeadingAge Kentucky appointed by LeadingAge
18		Kentucky;
19		(o) One (1) representative of the Kentucky Association of Health Care
20		Facilities/Kentucky Center for Assisted Living appointed by the Kentucky
21		Association of Health Care Facilities/Kentucky Center for Assisted Living;
22		<u>and</u>
23		(p) One (1) representative of the Kentucky Association of Hospice and
24		Palliative Care appointed by the Kentucky Association of Hospice and
25		Palliative Care.
26	<u>(4)</u>	If an entity identified in subsection (3) of this section ceases to exist or changes
27		its name, its successor organization shall assume the representation or

1		appointment for that entity.
2	<u>(5)</u>	Each appointive member of the committee shall serve without compensation but
3		each committee member not otherwise compensated for his or her time or
4		expenses shall be entitled to reimbursement for his or her actual and necessary
5		expenses in carrying out his or her duties with reimbursement for expenses being
6		made in accordance with state regulations relating to travel reimbursement.
7	<u>(6)</u>	The advisory committee shall be attached to the Cabinet for Health and Family
8		Services for administrative staffing purposes.
9	<u>(7)</u>	The advisory committee shall meet at least quarterly beginning on July 1, 2022.
10	<u>(8)</u>	The advisory committee shall submit annual findings and recommendations for
11		legislative actions to the Governor, the Legislative Research Commission, and the
12		Interim Joint Committee on Health, Welfare, and Family Services by December 1
13		of each year.
14	<u>(9)</u>	At any meeting, the advisory committee may request the Cabinet for Health and
15		Family Services to promulgate administrative regulations in accordance with
16		KRS Chapter 13A that do not require a statutory change in order to address
17		issues discussed by the advisory committee.
18		→ Section 2. KRS 311A.010 is repealed, reenacted as a new section of KRS
19	Cha	oter 216B, and amended to read as follows:
20	As u	sed in this chapter, unless the context otherwise requires:
21	(1)	"Advanced emergency medical technician" or "AEMT" means a person certified by
22		the <u>office[board]</u> under this chapter as an advanced emergency medical technician;
23	(2)	"Advanced practice paramedic" or "APP" means a paramedic licensed by the
24		office[board] under this chapter as a paramedic and certified by the office[board]
25		under this chapter in at least one (1) emergency medical services subspecialty,
26		including community paramedic, critical care paramedic, wilderness paramedic,
27		tactical paramedic, or flight paramedic;

1	(3)	"Ambulance" means a vehicle that [which] has been inspected and approved by the
2	!	office[board], including a helicopter or fixed-wing aircraft, except vehicles or
3	;	aircraft operated by the United States government, that are specially designed,
4		constructed, or have been modified or equipped with the intent of using the same,
5		for the purpose of transporting any individual who is sick, injured, or otherwise
6		incapacitated who may require immediate stabilization or continued medical
7	1	response and intervention during transit or upon arrival at the patient's destination to
8	;	safeguard the patient's life or physical well-being;
9	(4)	"Ambulance provider" means any individual or private or public organization,
10		except the United States government, who is licensed by the <u>office[board]</u> to
11	]	provide medical services that may include transport at either basic life support level
12		or advanced life support level and who may have a vehicle or vehicles, including
13		ground vehicles, helicopters, or fixed-wing aircraft to provide such transportation.
14		An ambulance provider shall be licensed in accordance with the classification
15	÷	system established pursuant to Section 6 of this Act[may be licensed as a Class I,
16	:	II, III, or IV ground ambulance provider, a Class VI medical first response provider,
17	;	a Class VII air ambulance provider, or a Class VIII event medicine provider;
18	(5)	"Board" means the Kentucky Board of Emergency Medical Services];
19	<u>(5)</u> [(6	"Community paramedic" or "CP" means an advanced practice paramedic
20		certified under this chapter as a CP;
21	<u>(6)</u> [(7	"Emergency medical facility" means a hospital or any other institution
22	-	licensed by the Cabinet for Health and Family Services that furnishes emergency
23	-	medical services;
24	<u>(7)</u> [(8	"Emergency medical responder" or "EMR" means a person certified under this
25		chapter as an EMR or EMR instructor;
26	<u>(8)</u> [(9	"Emergency medical services" or "EMS" means the services utilized in
27		providing care for the perceived individual need for immediate medical care to

1	prote	ect against loss of life, or aggravation of physiological or psychological illness
2	or in	jury;
3	<u>(9)</u> [(10)]	"Emergency medical services educator" or "EMS educator" means a person
4	who	is certified and licensed by the <u>office[board]</u> under this chapter as a Level I, II,
5	or III	I EMS educator to provide emergency medical services education and training
6	with	the scope of practice established by the <u>office[board]</u> through administrative
7	regul	lations;
8	<u>(10)</u> [(11)]	"Emergency Medical Services for Children Program" or "EMSC Program"
9	mear	ns the program established under this chapter;
10	<u>(11)</u> [(12)]	"Emergency medical services medical director" means a physician licensed in
11	Kent	sucky and certified by the <u>office</u> [board] under this chapter who is employed by,
12	unde	r contract to, or has volunteered to provide supervision for a paramedic or an
13	ambı	alance service, or both;
14	<u>(12)</u> [(13)]	"Emergency medical services personnel" means:
15	(a)	Persons trained to provide emergency medical services and certified or
16		licensed by the <u>office[board]</u> under this chapter as an AEMT, APP, EMR,
17		EMR instructor, EMT, EMT instructor, paramedic, or paramedic instructor;
18		and
19	(b)	Authorized emergency medical services medical directors and mobile
20		integrated healthcare program medical directors, whether on a paid or
21		volunteer basis;
22	<u>(13)</u> [(14)]	"Emergency medical services system" means a coordinated system of health-
23	care	delivery that responds to the needs of acutely sick and injured adults and
24	child	ren, and includes community education and prevention programs, mobile
25	integ	grated healthcare programs, centralized access and emergency medical dispatch,
26	com	munications networks, trained emergency medical services personnel, medical
27	first	response, ground and air ambulance services, trauma care systems, mass

casualty management, medical direction, and quality control and system evaluation

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2		procedures;
3	<u>(14)</u> [	(15)] "Emergency medical services training or educational institution" means any
4		organization licensed by the $\underline{\it office}$ [board] under this chapter to provide emergency
5		medical services training or education or in-service training, other than a licensed
6		ambulance service $\underline{\textit{that}}\{\text{which}\}$ provides training, or in-service training in-house for
7		its own employees or volunteers;
8	<u>(15)</u> [	(16)] "Emergency medical technician" or "EMT" means a person certified under
9		this chapter as an EMT or EMT instructor;
10	<u>(16)</u>	"Inspector general" means the inspector general appointed by the secretary of
11		the Cabinet for Health and Family Services as required by KRS 194A.030;
12	(17)	["Executive director" means the executive director of the Kentucky Board of
13		Emergency Medical Services;
14	(18)	-]"Mobile integrated healthcare" or "MIH" means a program licensed by the
15		$\underline{\textit{office}}[\text{board}]$ under this chapter to provide services including evaluation, advice,
16		and medical care for the purpose of preventing or improving a particular medical
17		condition outside of a hospital setting to eligible patients who do not require or
18		request emergency medical transportation;
19	<u>(18)</u> [	(19)] "Mobile integrated healthcare program medical director" or "MIH program
20		medical director" means a physician licensed in Kentucky and certified by the
21		office[board] under this chapter who is employed by, under contract to, or has
22		volunteered to provide supervision for a licensed MIH program;
23	<u>(19)</u>	"Office" means the Cabinet for Health and Family Services, Office of Inspector
24		General;
25	(20)	"Paramedic" means a person who is involved in the delivery of medical services and
26		is licensed under this chapter;
27	(21)	"Paramedic preceptor" means a licensed paramedic who supervises a paramedic

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I		stud	ent during the field portion of the student's training;
2	(22)	"Pre	hospital care" means the provision of emergency medical services, mobile
3		integ	grated healthcare, or transportation by trained and certified or licensed
4		eme	rgency medical services personnel at the scene or while transporting sick or
5		injur	red persons to a hospital or other emergency medical facility; [and]
6	(23)	''Sec	cretary" means the secretary of the Cabinet for Health and Family Services,
7		and	
8	<u>(24)</u>	"Tra	uma" means a single or multisystem life-threatening or limb-threatening injury
9		requ	iring immediate medical or surgical intervention or treatment to prevent death
10		or pe	ermanent disability.
11		<b>→</b> Se	ection 3. KRS 311A.020 is repealed, reenacted as a new section of KRS
12	Chap	oter 2	16B, and amended to read as follows:
13	(1)	The	office[board] shall:
14		(a)	Exercise all of the administrative functions of the state not regulated by the
15			Board of Medical Licensure [or Cabinet for Health and Family Services ]ir
16			the regulation of the emergency medical services system and the practice of
17			emergency medical services, and emergency medical services training
18			institutions[, with the exception of employment of personnel as described in
19			subsections (5) and (6) of this section];
20		(b)	Issue any licenses or certifications authorized by this chapter;
21		(c)	Oversee the operations and establish the organizational structure of the Office
22			of the Kentucky Board of Emergency Medical Services, which is created and
23			shall be attached to the board for administrative purposes. The office shall be
24			headed by the executive director appointed under paragraph (d) of this
25			subsection and shall like responsible for:

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Personnel and budget matters affecting the <a href="mailto:office">office</a>[board];

Fiscal activities of the office[board], including grant writing and

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1.

2.

1		disbursement of funds;
2		3. Information technology, including the design and maintenance of
3		databases;
4		4. Certification and recertification of emergency medical responders;
5		5. Certification and recertification of emergency medical technicians and
6		advanced emergency medical technicians;
7		6. Licensure and relicensure of ambulances, ambulance services, and
8		mobile integrated healthcare programs;
9		7. Licensure and relicensure of paramedics;
10		8. Certification and recertification of advanced practice paramedics;
11		9. Certification and recertification of EMS educators;
12		10. Investigation of and resolution of quality complaints and ethics issues;
13		and
14		11. Other responsibilities that may be assigned to the <i>inspector general by</i>
15		the secretary[executive director by the board];
16	(d)	[Employ an executive director and deputy executive director and fix the
17		compensation. The executive director and deputy executive director shall
18		serve at the pleasure of the board, administer the day-to-day operations of the
19		Office of the Kentucky Board of Emergency Medical Services, and supervise
20		all directives of the board. The director and deputy executive director shall
21		possess a baccalaureate degree and shall have no less than five (5) years of
22		experience in public administration or in the administration of an emergency
23		medical services program;
24	<del>(e)</del>	Employ or contract with a physician licensed in Kentucky who is board
25		certified in emergency medicine and fix the compensation. The physician shall
26		serve at the pleasure of the board and as the medical advisor to the Kentucky
27		Board of Emergency Medical Services and the staff of the board;

1	<del>(f)</del>	Employ or contract with an attorney licensed to practice law in Kentucky and
2		fix the compensation. The attorney shall serve at the pleasure of the board and
3		have primary assignment to the board;
4	<del>(g)</del>	
5		office; [board.
6	1.	Personnel assigned to investigate an emergency medical responder program
7		complaint or regulate the emergency medical responder programs shall be
8		certified emergency medical responders, emergency medical technicians,
9		advanced emergency medical technicians, or licensed paramedics.
10	2.	Personnel assigned to investigate an emergency medical technician program
11		complaint or regulate the emergency medical technician program shall be
12		certified emergency medical technicians, advanced emergency medical
13		technicians, or paramedics.
14	3.	Personnel assigned to investigate an advanced emergency medical technician
15		program complaint or regulate the advanced emergency medical technician
16		program shall be certified advanced emergency medical technicians or
17		<del>paramedics.</del>
18	4.	Personnel assigned to investigate a paramedic program complaint or regulate
19		the paramedic program shall be licensed paramedics.
20	<del>5.</del>	A person who is employed by the board who is licensed or certified by the
21		board shall retain his or her license or certification if he or she meets the in-
22		service training requirements and pays the fees specified by administrative
23		regulation.
24	6.	A person who is employed by the board may instruct in emergency medical
25		subjects in which he or she is qualified, with the permission of the board. All
26		instruction shall be rendered without remuneration other than his or her state
27		salary and the employee shall be considered as on state duty when teaching.

1	7.	A perso	n who is employed by the board may render services for which the
2		<del>person i</del>	s qualified at a declared disaster or emergency or in a situation where
3		trained p	personnel are not available until those personnel arrive to take over the
4		<del>patient,</del>	or where insufficient trained personnel are available to handle a
5		specific	emergency medical incident. All aid shall be rendered without
6		remuner	ration other than the employee's state salary and the employee shall be
7		consider	red as on state duty when rendering aid. In cases specified in this
8		<del>paragrap</del>	oh, the state medical advisor shall serve as the emergency medical
9		services	medical director for the employee;
10	<del>(h)</del>	Establis	h committees and subcommittees and the membership thereof.
11		Member	es of committees and subcommittees do not need to be members of the
12		board;	
13	( <del>i)]</del> (	<u>e)</u> En	ter into contracts, apply for grants and federal funds, and disburse
14		funds to	local units of government as approved by the General Assembly. All
15		funds re	eceived by the office[board] shall be placed in a trust and agency
16		account	in the State Treasury subject to expenditure by the <u>office</u> [board];
17	<u>(f)</u> [(	<del>j)]</del> Ad	lminister the Emergency Medical Services for Children Program; and
18	<u>(g)</u> [	<del>(k)]</del> Es	tablish minimum curriculum and standards for emergency medical
19		services	training.
20	(2) The	office[be	<del>oard]</del> may utilize materials, services, or facilities as may be made
21	avai	lable to i	t by other state agencies or may contract for materials, services, or
22	faci	lities.	
23	<del>[(3) The</del>	board ma	ay delegate to the executive director, by written order, any function
24	othe	e <del>r than pro</del>	mulgation of an administrative regulation specified in this chapter.
25	(4) Exc	ept for sec	curing funding for trauma centers, the board shall not serve as the lead
26	agei	ncy relatin	eg to the development or regulation of trauma systems, but shall be a
27	<del>part</del>	<del>ner with o</del>	other state agencies in the development, implementation, and oversight

of such systems.

(5) (a) The Kentucky Community and Technical College System shall employ personnel for the work of the board, and the personnel in the positions described in this section and all other persons in administrative and professional positions shall be transferred to the personnel system of the Kentucky Community and Technical College System on July 12, 2006, in the appropriate classification to carry out the mission of the board. All employees transferred under this paragraph shall have all employment records and months of service credit transferred to the Kentucky Community and Technical College System. Employees of the board transferred under this paragraph who subsequently return to state employment under KRS Chapter 18A shall have their employment records and months of service credit under the Kentucky Community and Technical College System transferred back to the KRS Chapter 18A personnel system, and the employment records and months of service credit shall be used in calculations for all benefits under KRS Chapter 18A.

(b) New employees hired or contracted after July 12, 2006, shall be employed or contracted by the Kentucky Community and Technical College System.

(6) The board shall appoint a personnel committee consisting of the chair of the board, one (1) physician member of the board, one (1) ambulance service provider member of the board, one (1) additional member of the board selected by the chair of the board, and one (1) representative of the Kentucky Community and Technical College System administration. The personnel committee shall conduct an annual job performance review of the executive director, the medical advisor, and the board attorney that conforms with the personnel standards of the Kentucky Community and Technical College System and includes a recommendation for or against continued employment to be presented to the personnel office of the

1		Ken	tucky Community and Technical College System.				
2	(7)	7) All state general fund moneys appropriated to the board, all federal funds, all					
3		moneys collected by the board, and all equipment owned by the board shall b					
4		transferred to the Kentucky Community and Technical College System on July 1,					
5		200	<del>6.</del>				
6	(8)	The	board shall develop a proposed biennial budget for all administrative and				
7		opei	rational functions and duties in conjunction with the Kentucky Community and				
8		Tecl	nnical College System budget submission process. The Kentucky Community				
9		and	Technical College System shall not make changes to the budget proposal				
10		subi	nitted by the board, but may submit written comments on the board's budget				
11		prop	posal to the board and other agencies in the budget submission process.]				
12		<b>→</b> S	ection 4. KRS 311A.025 is repealed, reenacted as a new section of KRS				
13	Cha	pter 2	16B, and amended to read as follows:				
14	(1)	The	The <u>office[board]</u> shall, subject to the provisions of this chapter, create levels of				
15		certi	ification or licensure, as appropriate for individuals providing services under				
16		this	chapter. These may consist of but not be limited to:				
17		(a)	Emergency medical services educator, Level I, II, and III;				
18		(b)	Emergency medical responder;				
19		(c)	Emergency medical technician and advanced emergency medical technician;				
20		(d)	Paramedic, advanced practice paramedic, and paramedic preceptor;				
21		(e)	Emergency medical services medical director who supervises a person or				
22			organization licensed or certified by the <u>office</u> [board];				
23		(f)	Mobile integrated healthcare program medical director who supervises an				
24			MIH program licensed by the <u>office</u> [board];				
25		(g)	Emergency medical service training institution;				
26		(h)	Emergency medical service testing agency;				
27		(i)	Ground ambulance service, including categories thereof;				

- 1 (j) Air ambulance service;
- 2 (k) Medical first response provider;
- 3 (l) Emergency medical dispatcher, emergency medical dispatch instructor, and emergency medical dispatch instructor trainer;
- 5 (m) Emergency medical dispatch center or public safety answering point; and
- 6 (n) Any other entity authorized by this chapter.
- 7 (2) The <u>office[board]</u> shall promulgate administrative regulations <u>in accordance with</u>
- 8 <u>KRS Chapter 13A</u> for any certification or license the <u>office</u>[board] may create. The
- 9 administrative regulations shall, at a minimum, address:
- 10 (a) Requirements for students, if appropriate;
- 11 (b) Requirements for training;
- 12 (c) Eligibility for certification or licensure; and
- 13 (d) Renewal, recertification, and relicensure requirements.
- 14 (3) The <u>office[board]</u> may authorize a physician licensed to practice in Kentucky to
- serve as an emergency medical services medical director if that physician meets the
- requirements specified by the *office* [board] by administrative regulation.
- → Section 5. KRS 311A.027 is repealed and reenacted as a new section of KRS
- 18 Chapter 216B to read as follows:
- 19 (1) No public agency, tax district, or other publicly funded emergency medical service
- 20 first response provider or licensed ambulance service shall have a residence
- 21 requirement for an employee of or volunteer for the organization.
- 22 (2) The provisions of subsection (1) of this section shall not preclude an employer or
- agency specified in subsection (1) of this section from having a requirement for
- response to a specified location within a specified time limit for an employee or
- volunteer who is off duty but who is on call to respond for work.
- Section 6. KRS 311A.030 is repealed, reenacted as a new section of KRS
- 27 Chapter 216B, and amended to read as follows:

1	<u>(1)</u>	The <u>office</u> [board] shall promulgate administrative regulations in accordance with
2		KRS Chapter 13A to carry out the functions of this chapter, including but not
3		limited to:
4		(a)[(1)] Licensing, inspecting, and regulating of ambulance services, mobile
5		integrated healthcare programs, and medical first -response providers. The
6		administrative regulations shall address specific requirements for:
7		1.[(a)] Class I ground ambulance providers, which provide basic life
8		support or advanced life support services to all patients for emergencies
9		or scheduled ambulance transportation <u>that</u> [which] is medically
10		necessary;
11		2.[(b)] Class II ground ambulance providers, which provide only basic life
12		support services but do not provide initial response to the general
13		population with medical emergencies and which are limited to providing
14		scheduled ambulance transportation <u>that</u> [which] is medically necessary;
15		3.[(c)] Class III ground ambulance providers, which provide mobile
16		intensive care services at or above the level of advanced life support to
17		patients with critical illnesses or injuries who must be transported
18		between hospitals in vehicles with specialized equipment as an
19		extension of hospital-level care;
20		$\underline{4.}[(d)]$ Class IV ground ambulance providers, which provide basic life
21		support or advanced life support services and transportation for
22		restricted locations such as industrial sites and other sites that do not
23		provide services outside a designated site;
24		5.[(e)] Class V mobile integrated healthcare programs, which do not
25		transport patients as a function of the program and which must be
26		operated by or in affiliation with a Class I ambulance provider that
27		provides emergency medical response in the geographic area;

1	$\underline{6.}[(f)]$ Class VI medical first response providers, which provide basic or
2	advanced life support services, but do not transport patients;
3	7.[(g)] Class VII air ambulance providers, which provide basic or
4	advanced life support services; and
5	8.[(h)] Class VIII event medicine providers, which provide basic or
6	advanced life support services, but do not transport patients;[ and]
7	(b) [(2)] Licensing, inspecting, and regulating of emergency medical services
8	training institutions:
9	(c) Establishing a maximum response time of sixty (60) minutes for a ground
10	ambulance provider to respond to a patient inter-facility transport request
11	that is medically necessary as determined by the transferring physician. If a
12	ground ambulance provider cannot comply with the maximum response
13	time for a requested run, that run may be completed by another
14	transportation provider without regard to designated service areas or
15	mutual aid agreements;
16	(d) Establishing a process for currently licensed ambulance providers to
17	expand their designated service areas to serve a larger region; and
18	(e) Establishing the following minimum requirements:
19	1. An ambulance shall not be needed to transport a patient to a hospital's
20	own helipad or to a necessary service, including but not limited to
21	mobile imaging, located on or adjacent to the hospital campus;
22	2. The requirements for ground vehicle staff shall not include a
23	requirement that the driver of an ambulance be an emergency medical
24	technician (EMT) or certified emergency medical responder as long as
25	there is an EMT or paramedic with the patient; and
26	3. All maximum response times for 911 and inter-facility transport runs
27	shall be the same for patients, regardless of whether the patient is

1		seeking physical health treatment or behavioral health treatment.
2	<u>(2)</u>	Notwithstanding subsection (1) of this section, the office shall promulgate
3		administrative regulations in accordance with KRS Chapter 13A to revise the
4		classification system for ambulance providers to meet the medical transportation
5		needs of the citizens and healthcare providers of the Commonwealth. The
6		licensure standards for Class I ground ambulance providers shall distinguish
7		between ambulance providers that provide:
8		(a) Only emergency transportation;
9		(b) Only scheduled ambulance transportation; or
10		(c) Both emergency transportation and scheduled ambulance transportation.
11	<u>(3)</u>	Nothing in this section shall be construed to change or alter the issuance of
12		certificates of need for emergency medical services providers.
13		→ Section 7. KRS 311A.032 is repealed, reenacted as a new section of KRS
14	Cha	pter 216B, and amended to read as follows:
15	(1)	Each licensed ambulance provider, as defined in Section 2 of this Act [KRS
16		<del>311A.010]</del> , shall:
17		(a) Post in a conspicuous area of the main office, any satellite location, and on the
18		company Web site, if the company hosts or otherwise maintains a Web site
19		itself or through contract with another party, a comprehensive fee schedule of
20		all services provided that is consistent with the Healthcare Common
21		Procedure Coding System (HCPCS). The fee schedule shall:
22		1. Clearly identify fees for services including base rates, mileage,
23		disposable supply fees, and any other potential fees for services
24		provided; and
25		2. Be documented in understandable language with sufficient explanation
26		to allow consumers to draw meaningful comparisons of fees among
27		licensed ambulance providers;

1		(b)	Provide a copy of this fee schedule to a beneficiary at the time of service upon
2			request;
3		(c)	Update fee schedules within fifteen (15) calendar days of any modification;
4			and
5		(d)	Submit a report of an initial ambulance provider fee schedule and any
6			subsequent modifications to the office [Kentucky Board of Emergency
7			Medical Services]. The report shall be subject to open records requests under
8			KRS 61.870 to 61.884.
9	(2)	The	office[Kentucky Board of Emergency Medical Services] shall:
10		(a)	Assess a licensed ambulance provider a monetary penalty of one hundred fifty
11			dollars (\$150) per occurrence for failure to post or update a modified fee
12			schedule as required under subsection (1) of this section; and
13		(b)	Issue a statement of violation consistent with administrative regulations
14			promulgated by the <u>office</u> [Kentucky Board of Emergency Medical Services].
15	(3)	The	office[Kentucky Board of Emergency Medical Services] shall promulgate
16		adm	inistrative regulations in accordance with KRS Chapter 13A to implement the
17		prov	visions of this section.
18		<b>→</b> S	ection 8. KRS 311A.035 is repealed, reenacted as a new section of KRS
19	Chaj	pter 2	16B, and amended to read as follows:
20	The	<u>offic</u>	e[board] may carry out the functions of Sections 2 to 37 of this Act[this
21	ehap	<del>oter]</del> , i	including but not limited to:
22	(1)	Esta	blishing minimum data reporting requirements, including but not limited to
23		requ	irements specifically related to emergency medical services and trauma care of
24		chile	dren, for ambulance providers and medical first responders, and collection and
25		anal	ysis of data related to the provision of ambulance and medical first
26		resp	onder[emergency medical] services;

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(2)

Maintaining the Emergency Medical Services for Children Program with federal

1		funds so designated plus any additional funds that may be appropriated by the
2		General Assembly, or any other funds that may become available to the
3		office[board], including gifts, grants, or other sources;
4	(3)	Developing a statewide plan for the implementation of emergency medical services
5		systems and trauma care systems within the Commonwealth of Kentucky that
6		specifically addresses the unique needs of rural areas;
7	(4)	Applying for, receiving, and disposing of federal, state, or private funds by grant,
8		appropriation, donation, or otherwise for emergency medical services programs,
9		personnel, and equipment; and
10	(5)	Developing, monitoring, and encouraging other projects and programs that may be
11		of benefit to emergency medical services in the Commonwealth.
12	Noth	ning in this section shall be construed to change or alter the issuance of certificates of
13	need	for emergency medical services providers.
14		→ Section 9. KRS 311A.045 is repealed, reenacted as a new section of KRS
15	Chaj	oter 216B, and amended to read as follows:
16	(1)	The <u>office[board]</u> may employ or contract with a coordinator and other positions
17		who shall serve at the pleasure of the office[board] for the Emergency Medical
18		Services for Children Program for which funding is provided by the General
19		Assembly or through any other sources, including gifts, grants, or federal funds.
20	(2)	The coordinator shall, subject to the direction of the <u>office[board]</u> :
21		(a) Implement and oversee the Emergency Medical Services for Children
22		Program described in this section; and
23		(b) Serve as liaison for collaboration and coordination between the Emergency
24		Medical Services for Children Program, the <u>office</u> [board] and other public and
25		private organizations, the state traffic safety office, the maternal and child
26		health program, the Medicaid department, the state and local child fatality

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review and response teams, state and local professional organizations, private

1		sector voluntary organizations, and consumer and community representatives.		
2	(3)	The Emergency Medical Services for Children Program may include but not be		
3		limited to the establishment of the following:		
4		(a) Guidelines for necessary out-of-hospital medical service equipment;		
5		(b) Guidelines and protocols for out-of-hospital pediatric emergency medical		
6		services;		
7		(c) Assistance in the development and provision of professional education		
8		programs for emergency medical services personnel for the provision o		
9		emergency care of infants and children;		
10		(d) Coordination and cooperation between the Emergency Medical Services fo		
11		Children Program and other public and private organizations interested o		
12		involved in emergency care for children, including those persons and		
13		organizations identified in subsection (2)(b) of this section; and		
14		(e) Assistance with the purchase of equipment for the provision of medical		
15		services for children only.		
16		The scope of activities carried out by and the provision of staff for the Emergency		
17		Medical Services for Children Program shall be commensurate with the availability		
18		of funds.		
19	(4)	Funds received under this section may be distributed based upon a matching gran		
20		system to be developed by the <u>office</u> [board], and distribution shall be need-based		
21		No single grant shall exceed two thousand dollars (\$2,000) to the same grantee.		
22	(5)	Funds received by the Emergency Medical Services for Children Program shall be		
23		placed in a trust and agency account in the state treasury which shall not lapse		
24		unless grant provisions specify otherwise. No funds shall be expended from a gran		
25		except by <u>approval by the secretary or inspector general</u> [vote of the board].		
26		→ Section 10. KRS 311A.050 is repealed, reenacted as a new section of KRS		
27	Cha	er 216B, and amended to read as follows:		

(	(1)	No	person	shal	1
	( - /	1 10	PULDOIL	DIICI	•

- (a) Call or hold himself or herself out as or use the title of emergency medical technician, advanced emergency medical technician, emergency medical responder, paramedic, advanced practice paramedic, emergency medical services educator, paramedic course coordinator, emergency medical services medical director, mobile integrated healthcare program medical director, or any other member of emergency medical services personnel unless licensed or certified under the provisions of this chapter. The provisions of this paragraph shall not apply if the <u>office[board]</u> does not license or certify a person as an instructor in a particular discipline regulated by the <u>office[board]</u>;
  - (b) Operate or offer to operate or represent or advertise the operation of a school or other educational program for emergency medical services personnel unless the school or educational program has been approved and licensed under the provisions of this chapter. The provisions of this paragraph shall not apply to continuing education provided by a licensed ambulance service for anyone certified or licensed by the <u>office[board]</u> given by an ambulance service for its employees or volunteers; or
- (c) Knowingly employ emergency medical services personnel unless that person is licensed or certified under the provisions of this chapter.
- 20 (2) No person licensed or certified by the <u>office</u>[board] or who is an applicant for licensure or certification by the <u>office[board]</u> shall:
- 22 (a) If licensed or certified, violate any provision of this chapter or any administrative regulation promulgated by the *office*{board};
- 24 (b) Use fraud or deceit in obtaining or attempting to obtain a license or certification from the *office*[board], or be granted a license upon mistake of a material fact;
- 27 (c) If licensed or certified by the <u>office[board]</u>, grossly negligently or willfully act

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1		in a manner inconsistent with the practice of the discipline for which the
2		person is certified or licensed;
3	(d)	Be unfit or incompetent to practice a discipline regulated by the <u>office[board]</u>
4	( )	by reason of negligence or other causes;
5	(e)	Abuse, misuse, or misappropriate any drugs placed in the custody of the
6	(-)	licensee or certified person for administration, or for use of others;
7	(f)	Falsify or fail to make essential entries on essential records;
8	(g)	Be convicted of a misdemeanor <i>that</i> [which] involved acts that bear directly on
9	(5)	the qualifications or ability of the applicant, licensee, or certified person to
10		practice the discipline for which the person is an applicant, licensee, or
11		certified person, if in accordance with KRS Chapter 335B;
12	(h)	
	(h)	Be convicted of a misdemeanor <u>that</u> [which] involved fraud, deceit, breach of
13		trust, or physical harm or endangerment to self or others, acts that bear
14		directly on the qualifications or ability of the applicant, licensee, or certificate
15		holder to practice acts in the license or certification held or sought, if in
16		accordance with KRS Chapter 335B;
17	(i)	Be convicted of a misdemeanor offense under KRS Chapter 510 involving a
18		patient or be found by the office[board] to have had sexual contact as defined
19		in KRS 510.010(7) with a patient while the patient was under the care of the
20		licensee or certificate holder;
21	(j)	Have had his or her license or credential to practice as a nurse or physician
22		denied, limited, suspended, probated, revoked, or otherwise disciplined in
23		Kentucky or in another jurisdiction on grounds sufficient to cause a license to
24		be denied, limited, suspended, probated, revoked, or otherwise disciplined in
25		this Commonwealth;
26	(k)	Have a license or certification to practice in any activity regulated by the

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office[board] denied, limited, suspended, probated, revoked, or otherwise

1			disciplined in another jurisdiction on grounds sufficient to cause a license or
2			certification to be denied, limited, suspended, probated, revoked, or otherwise
3			disciplined in this Commonwealth;
4		(l)	Violate any lawful order or directive previously entered by the <u>office</u> [board];
5		(m)	Have been listed on the nurse aide abuse registry with a substantiated finding
6			of abuse, neglect, or misappropriation of property; or
7		(n)	Be convicted of, have entered a guilty plea to, or have entered an Alford plea
8			to a felony offense, if in accordance with KRS Chapter 335B.
9	(3)	It sh	nall be unlawful for an employer of a person licensed or certified by the
10		<u>offic</u>	<u>ee[board]</u> having knowledge of the facts to refrain from reporting to the
11		<u>offic</u>	<u>ee[board]</u> on an official complaint form approved by the <u>office[board]</u> through
12		adm	inistrative regulation any person licensed or certified by the <u>office</u> [board] who:
13		(a)	Has been convicted of, has entered a guilty plea to, or has entered an Alford
14			plea to a felony offense;
15		(b)	Has been convicted of a misdemeanor or felony that [which] involved acts that
16			bear directly on the qualifications or ability of the applicant, licensee, or
17			certified person to practice the discipline for which they are an applicant,
18			licensee, or certified person;
19		(c)	Is reasonably suspected of fraud or deceit in procuring or attempting to
20			procure a license or certification from the <u>office</u> [board];
21		(d)	Is reasonably suspected of grossly negligently or willfully acting in a manner
22			inconsistent with the practice of the discipline for which they are certified or
23			licensed;
24		(e)	Is reasonably suspected of being unfit or incompetent to practice a discipline
25			regulated by the <u>office[board]</u> by reason of negligence or other causes,
26			including but not limited to being unable to practice the discipline for which
27			they are licensed or certified with reasonable skill or safety;

(f) Is reasonably suspected of violating any provisions of this chapter or the administrative regulations promulgated under this chapter;

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- (g) Has a license or certification to practice an activity regulated by the <a href="mailto:office">office</a>[board] denied, limited, suspended, probated, revoked, or otherwise disciplined in another jurisdiction on grounds sufficient to cause a license or certification to be denied, limited, suspended, probated, revoked, or otherwise disciplined in this Commonwealth;
- (h) Is practicing an activity regulated by the <u>office</u>[board] without a current active license or certification issued by the <u>office</u>[board];
  - (i) Is reasonably suspected of abusing, misusing, or misappropriating any drugs
    placed in the custody of the licensee or certified person for administration or
    for use of others; or
- 13 (j) Is suspected of falsifying or in a grossly negligent manner making incorrect 14 entries or failing to make essential entries on essential records.
- 15 (4) A person who violates subsection (1)(a), (b), or (c) of this section shall be guilty of 16 a Class A misdemeanor for a first offense and a Class D felony for each subsequent 17 offense.
- 18 (5) The provisions of this section shall not preclude prosecution for the unlawful 19 practice of medicine, nursing, or other practice certified or licensed by an agency of 20 the Commonwealth.
- 21 (6) The filing of criminal charges or a criminal conviction for violation of the 22 provisions of this chapter or the administrative regulations promulgated thereunder 23 shall not preclude the office [of the board] from instituting or imposing [board] 24 disciplinary action authorized by this chapter against any person or organization 25 violating this chapter or the administrative regulations promulgated thereunder.
- 26 (7) The institution or imposition of disciplinary action by the office [of the board 27] gagainst any person or organization violating the provisions of this chapter or the

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administrative regulations promulgated thereunder shall not preclude the filing of
criminal charges against or a criminal conviction of any person or organization for
violation of the provisions of this chapter or the administrative regulations
promulgated thereunder.

- Section 11. KRS 311A.060 is repealed, reenacted as a new section of KRS
   Chapter 216B, and amended to read as follows:
  - (1) (a) If it is determined that [an entity or ]a member of emergency medical services personnel regulated, licensed, or certified by the <u>office[board]</u> has violated a statute, administrative regulation, protocol, or practice standard relating to serving as [an entity or ]a member of emergency medical services personnel regulated by the <u>office[board]</u>, the office [of the board] may impose any of the sanctions provided in subsection (2) of this section. Any party to the complaint shall have the right to propose findings of fact and conclusions of law, and to recommend sanctions.
    - (b) For the purposes of this subsection, violation of ["] a statute, administrative regulation, protocol, or practice standard relating to serving as [an entity regulated by the board, ] a paramedic, first responder, or emergency medical technician["] shall include violation of KRS 304.39-215 and conduct that is subject to the penalties under KRS 304.99-060(4) or (5).
  - (2) The office [of the board] shall require an acceptable plan of correction and may use any one (1) or more of the following sanctions when disciplining emergency medical services personnel [or any entity] regulated by the office[board]:
    - (a) Private reprimand that shall be shared with each of the paramedic's, emergency medical responder's, advanced emergency medical technician's, or emergency medical technician's emergency medical services or related employer and medical director;
- (b) Public reprimand;

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1		(c)	Fines of fifty dollars (\$50) to five hundred dollars (\$500) for a natural person
2			or fifty dollars (\$50) to five thousand dollars (\$5,000) for a public agency or
3			business entity];
4		(d)	Revocation of certification or licensure;
5		(e)	Suspension of certification or licensure until a time certain;
6		(f)	Suspension until a certain act or acts are performed;
7		(g)	Limitation of practice permanently;
8		(h)	Limitation of practice until a time certain;
9		(i)	Limitation of practice until a certain act or acts are performed;
10		(j)	Repassing a portion of the paramedic, emergency medical responder,
11			advanced emergency medical technician, or emergency medical technician
12			examination;
13		(k)	Probation for a specified time; or
14		(1)	If it is found that the person who is licensed or certified by the <u>office[board]</u>
15			has been convicted of, pled guilty to, or entered an Alford plea to a felony
16			offense, the license or certification shall be revoked.
17	(3)	The	filing of criminal charges or a criminal conviction for violation of the
18		prov	isions of this chapter or the administrative regulations promulgated thereunder
19		shall	not preclude the office [of the board ]from instituting or imposing [board
20		<del>]</del> disc	ciplinary action authorized by this chapter against any person for organization
21		<del>]</del> vio	ating this chapter or the administrative regulations promulgated thereunder.
22	(4)	The	institution or imposition of disciplinary action by the office [of the board
23		<del>]</del> aga	inst any person [or organization] violating the provisions of this chapter or the
24		adm	inistrative regulations promulgated thereunder shall not preclude the filing of
25		crim	inal charges against or a criminal conviction of any person [or organization] for
26		viola	ation of the provisions of this chapter or the administrative regulations
27		pron	nulgated thereunder.

Section 12. KRS 311A.065 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:

- If the office [of the board] has reasonable cause to believe that any licensee or certificate holder or any applicant for licensure or certification by examination, reinstatement, or change of status is unable to practice with reasonable skill or safety or has abused alcohol or drugs, it may require the person to submit to a mental health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation by a licensed or certified practitioner designated by the *office*[board]. Upon the failure of the person to submit to a mental health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation, unless due to circumstances beyond the person's control, the office [of the board] may initiate an action for immediate temporary suspension pursuant to this chapter or deny the application until the person submits to the required evaluation. The office [of the board] may issue an immediate and temporary suspension from the time of the evaluation until the hearing.
- (2) Every licensee or certificate holder or applicant for licensure or certification by examination, reinstatement, or change of status shall be deemed to have given consent to submit to a mental health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation when so directed in writing by the <u>office[board]</u>. The direction to submit to an evaluation shall contain the basis of the <u>office's[office of the board's]</u> reasonable cause to believe that the person is unable to practice with reasonable skill or safety, or has abused alcohol or drugs. The person shall be deemed to have waived all objections to the admissibility of the examining physician's or psychologist's testimony or evaluation reports on the ground of privileged communication.
- 26 (3) The licensee or certificate holder or applicant for licensure or certification by 27 examination, reinstatement, or change of status shall bear the cost of any mental

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health, neuropsychological, psychosocial, psychosexual, substance use disorder, or physical evaluation ordered by the *office*[board].

- 3 → Section 13. KRS 311A.080 is repealed, reenacted as a new section of KRS 4 Chapter 216B, and amended to read as follows:
- No person as defined in KRS 446.010 who is not licensed to do so, or whose license to do so has been suspended, revoked, or denied, shall operate an ambulance service or advanced life support emergency medical first response program.
- 8 (2) Any person as defined in KRS 446.010 who violates subsection (1) of this section is 9 guilty of a Class A misdemeanor for the first offense and a Class D felony for each 10 subsequent offense.
- 11 (3) The provisions of this section shall not preclude the <u>office[board]</u> from revoking or 12 increasing the suspension period of a person operating an ambulance service or 13 advanced life support first response program <u>that</u>[which] has illegally operated 14 while its license is under suspension or has been revoked.
- 15 (4) The filing of criminal charges or a criminal conviction for violation of the
  16 provisions of this chapter or the administrative regulations promulgated thereunder
  17 shall not preclude the <u>office</u>[board] from instituting or imposing [board
  18 disciplinary action authorized by this chapter against any person [or organization
  19 lyiolating this chapter or the administrative regulations promulgated thereunder.
- 20 (5) The institution or imposition of disciplinary action by the <u>office</u>[board] against any
  21 person [or organization] violating the provisions of this chapter or the
  22 administrative regulations promulgated thereunder shall not preclude the filing of
  23 criminal charges against or a criminal conviction of any person [or organization] for
  24 violation of the provisions of this chapter or the administrative regulations
  25 promulgated thereunder.
- Section 14. KRS 311A.085 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:

Any person licensed or certified by the *office*[board] shall immediately notify the office

- 2 [of the board] in writing if any professional or business license that is issued to the person
- 3 by any agency of the Commonwealth or any other jurisdiction is surrendered or
- 4 terminated under threat of disciplinary action or is refused, suspended, or revoked, or if
- 5 renewal of continuance is denied.
- Section 15. KRS 311A.090 is repealed, reenacted as a new section of KRS
- 7 Chapter 216B, and amended to read as follows:
- 8 Any person licensed or certified by the *office*[board] shall, within thirty (30) days of entry
- 9 of the final judgment, notify the office [of the board] in writing of any misdemeanor or
- 10 felony criminal conviction in this Commonwealth or any other jurisdiction. Upon
- learning of any failure to notify the office [of the board] under this section, the office [of
- the board ] may initiate an action for immediate temporary suspension under this chapter
- until the person submits the required notification.
- → Section 16. KRS 311A.095 is repealed, reenacted as a new section of KRS
- 15 Chapter 216B, and amended to read as follows:
- 16 (1) A paramedic license, emergency medical responder certification, advanced
- emergency medical technician certification, or emergency medical technician
- 18 certification shall:

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- 19 (a) Be valid for a period of two (2) years upon renewal; and
- 20 (b) Expire on December 31 of the second year from its initial issuance.
- 21 (2) The license or certification of <u>each person issued under subsection (1) of this</u>
  22 <u>section</u>[every person issued under the provisions of this chapter] shall be renewed at
  23 least biennially except as provided in this section. At least six (6) weeks before the
  24 renewal date the office [of the board] shall send notification correspondence for
  25 renewal to every person for whom a license or certification was issued during the
  26 current licensure or certification period. The applicant shall complete and submit

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the application for renewal with the renewal fee prescribed by the office [board] in

an administrative regulation before the expiration date of his or her current license or certification. Upon receipt of the application and fee, the <code>office[board]</code> shall verify the accuracy of the application to determine whether the licensee or person seeking certification has met all the requirements as set forth in this chapter and in the administrative regulations promulgated by the <code>office[board]</code>, and, if so, shall issue to the applicant a license or certification to practice or engage in the activity for the ensuing licensure or certification period. Such license or certification shall render the holder a legal practitioner of the practice or activity specified in the license or certification for the period stated on it. The <code>office[board]</code> shall prescribe by administrative regulation the beginning and ending of the licensure or certification period.

- (3) Any person who is licensed or certified by the <u>office[board]</u> who allows his or her license or certification to lapse by failing to renew the license or certification as provided in this section may be reinstated by the <u>office[board]</u> by meeting the requirements of administrative regulations promulgated by the <u>office[board]</u>.
- 16 (4) Correspondence regarding renewal of a license or certification shall be sent to the electronic mail address provided by the individual certified or licensed by the office[board].
- 19 (5) Any person engaging in any practice or activity regulated by the <u>office</u>[board]
  20 during the time his or her license or certification has lapsed shall be considered an
  21 illegal practitioner and shall be subject to the penalties provided for violations of
  22 this chapter.
  - (6) Failure to receive correspondence for renewal of a license or certification shall not relieve a paramedic, emergency medical responder, advanced emergency medical technician, or emergency medical technician from the duty to renew his or her license or certification prior to December 31 of the year in which the license or certification expires.

1 (7) The duration of any license or certification issued by the <u>office[board]</u> may be limited by disciplinary action of the <u>office[board]</u>.

- Every license or certification issued by the <u>office</u>[board] shall have the seal of the <u>office</u>[board] affixed. A holder of a license or certification shall retain it in his or her possession and be prepared to exhibit it upon demand by an employer or anyone to whom the holder of the license or certification offers emergency medical services or any <u>employee of the Cabinet for Health and Family Services</u>[board or staff member of the Kentucky Board of Emergency Medical Services].
- 9 (9) Failure or refusal to produce a license or certification upon demand shall be prima 10 facie evidence that no such license or certification exists.
- Section 17. KRS 311A.100 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
- 13 The <u>office[board]</u> may require a criminal background investigation of an applicant for
- licensure or certification, including by means of a fingerprint check by the Department of
- 15 Kentucky State Police or the Federal Bureau of Investigation, or both.
- Section 18. KRS 311A.105 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
- Any person as defined in KRS 446.010 licensed or certified by the *office*[board] shall
- maintain a current mailing and electronic mailing address with the office [of the board
- 20 Jand immediately notify the <u>office[board]</u> in writing of a change of mailing or electronic
- 21 mailing address. As a condition of holding a license or certification from the
- 22 <u>office</u>[board], a licensee or certificate holder is deemed to have consented to service of
- 23 notice or orders of the <u>office[board]</u> at the mailing address on file with the office<del>[ of the</del>
- board, and any notice or order of the office[board] mailed or delivered to the mailing
- 25 address on file with the <u>office[board]</u> constitutes valid service of the notice or order.
- Section 19. KRS 311A.120 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:

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(1) As a condition of being issued a certificate or license as an emergency medical technician, advanced emergency medical technician, emergency medical responder, or paramedic, the applicant shall have completed *an office-approved*[a Kentucky Board of Emergency Medical Services approved] educational course on the transmission, control, treatment, and prevention of the human immunodeficiency virus and acquired immunodeficiency syndrome with an emphasis on appropriate behavior and attitude change.

- The <u>office</u>{board} shall promulgate administrative regulations <u>in accordance with</u>

  <u>KRS Chapter 13A</u> to require continuing education for emergency medical technicians, advanced emergency medical technicians, emergency medical responders, or paramedics that includes the completion of one (1) hour of <u>office-approved</u>{board approved} continuing education covering the recognition and prevention of pediatric abusive head trauma, as defined in KRS 620.020, at least one (1) time every two (2) year renewal cycle. The one (1) hour required under this section shall be included in the current number of required continuing education hours.
- The <u>office</u>[board] shall promulgate administrative regulations <u>in accordance with</u>

  <u>KRS Chapter 13A</u> to require continuing education for emergency medical technicians or first responders <u>that</u>[which] includes the completion of a training course of at least one (1) hour covering awareness of sexual violence, including reporting options, care options, pre-hospital treatment considerations, knowledge of regional rape crisis centers, and how to access the SANE-ready list, at least one (1) time every two (2) year renewal cycle. The one (1) hour of continuing education required under this subsection shall be included in the current number of required continuing education hours.
- Section 20. KRS 311A.125 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:

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(1)	For each licensure renewal of a paramedic following the issuance of an initial
	license or certification by the office [board], as a prerequisite for license or
	certification renewal, all individuals licensed under the provisions of this chapter
	shall be required to document continuing competence during the immediate past
	licensure or certification period as prescribed in administrative regulations
	promulgated by the <u>office</u> [board].

- The <u>office[board]</u> shall approve providers of emergency medical services education and continuing education. The approval may include recognition of providers approved by national organizations and state boards of emergency medical services with comparable standards. Standards for these approvals shall be set forth by the <u>office[board]</u> in administrative regulations promulgated in accordance with KRS Chapter 13A. The <u>office[board]</u> need not approve continuing education training provided by a licensed ambulance service for anyone certified or licensed by the <u>office[board]</u>.
- 15 (3) The <u>office</u>[board] shall work cooperatively with professional emergency medical
  16 services organizations, approved schools, and other potential sources of continuing
  17 education programs to ensure that adequate continuing education offerings are
  18 available statewide. The <u>office</u>[board] may enter into contractual agreements to
  19 implement the provisions of this section.
- 20 → Section 21. KRS 311A.130 is repealed, reenacted as a new section of KRS 21 Chapter 216B, and amended to read as follows:
- 22 (1) The conduct of proper in-service training, including but not limited to in-house in-23 service training, in accordance with the standards specified by this chapter, 24 administrative regulations, and the standards of relevant United States Department 25 of Transportation curricula shall be that of the provider of the in-service training.
- 26 (2) If in-service training is conducted by an ambulance service, emergency medical services provider, or educational institution, the organization, the instructor, and its

medical director share responsibility for the provision of training <u>that</u>[which] meets or exceeds the requirements of subsection (1) of this section.

- Persons and organizations providing in-service training for any emergency medical services personnel shall keep the records required by the <u>office[board]</u> by administrative regulation and shall make them available to a representative of the <u>office[board]</u> upon request.
- Failure to keep a record required by the <u>office</u>[board] by administrative regulation or required to be kept by statute, falsifying a record, or grossly negligently maintaining a record required to be kept by administrative regulation or statute shall be subject to action by the office of the board.
- 11 (5) Providing in-service training not meeting or exceeding the requirements specified in subsections (1) and (2) of this section shall be subject to action of the office of the board.
- 14 (6) Penalties specified in this section shall be in addition to any action <u>that</u>[which] the

  15 <u>office[board]</u> may be permitted to take against the license or certification of any

  16 person or organization.
- 17 (7) The <u>office[board]</u> may refuse to recognize any in-service training not conducted in
  18 accordance with the provisions of this chapter, United States Department of
  19 Transportation curricula, or administrative regulations promulgated pursuant to this
  20 chapter. If the <u>office[board]</u> determines that in-service training will not be accepted,
  21 the denial of credit shall be extended to all persons who completed that specific in22 service training.
- Section 22. KRS 311A.135 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
- 25 (1) The <u>office</u>[board] shall promulgate administrative regulations <u>in accordance with</u>
  26 <u>KRS Chapter 13A</u> relating to paramedics. The administrative regulations may
  27 include the classification and licensure of paramedics, instructor-trainers,

instructors, and students and trainees; examinations; standards of training and
experience; curricula standards; administration of drugs and controlled substances
by paramedics under the direction or supervision of licensed physicians; issuance
and renewal of licenses; and such other administrative regulations as may be
necessary for the protection of public health and safety in the delivery of emergency
medical services.

- Relicensure programs shall be organized to include continuing education and inservice training approved by the *office*[board].
- 9 → Section 23. KRS 311A.140 is repealed, reenacted as a new section of KRS 10 Chapter 216B, and amended to read as follows:
  - (1) The <u>office</u>[board] shall promulgate administrative regulations <u>in accordance with KRS Chapter 13A</u> relating to emergency medical technicians. The administrative regulations may include the classification and certification of emergency medical technicians, instructors, instructor-trainers, and students and trainees; examinations; standards of training and experience; curricula standards; issuance or renewal of certificates; hearing of appeals; and other administrative regulations as may be necessary for the protection of public health and safety in the delivery of emergency medical services. No additional testing or examinations shall be required for recertification, except for proficiency testing of new skills or knowledge, or areas in which there is documented evidence of deterioration of skills.
- 21 (2) Recertification programs shall be organized to include continuing education and in-22 service training approved by the *office*[board].
  - (3) An applicant for initial certification as an emergency medical responder, emergency medical technician, or advanced emergency medical technician, or licensure as a paramedic, shall be certified using the requirements <u>established by</u>, and testing <u>as required by, administrative regulations promulgated by the office or using the requirements and testing</u> established by the National Registry of Emergency

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1	Medical Technicians or other agent chosen by the office in lieu of the standards
2	established by the office[board].

- (4) An applicant for certification renewal as an emergency medical responder, emergency medical technician, or advanced emergency medical technician, or renewal of licensure as a paramedic, shall meet the educational requirements for renewal of the appropriate certification or licensure credential as required by administrative regulations promulgated by the <u>office[board]</u> or the requirements established by the National Registry of Emergency Medical Technicians or other agent chosen by the <u>office[board]</u> in lieu of the standards established by the <u>office[board]</u>.
- (5) Except as provided in <u>Section 11 of this Act</u>[KRS 311A.060], the <u>office</u>[board] shall not require any additional course work, in-service training, testing, or examinations of a person who chooses the National Registry of Emergency Medical Technicians or other agent chosen by the <u>office</u>[board] for certification or recertification as an emergency medical technician.
  - (6) Any person licensed by the <u>office[board]</u> as a paramedic shall be certified as an emergency medical technician by the <u>office[board]</u>. The certification shall be issued without fee, without additional training, in-service training, testing, or examination. The emergency medical technician certification shall be issued and expire at the same time that the paramedic license is issued or expires, and if a paramedic voluntarily gives up his or her license prior to the expiration of his or her paramedic license, his or her emergency medical technician certification shall be unaffected thereby. If a paramedic chooses not to be relicensed as a paramedic but chooses to retain his emergency medical technician certification, the paramedic shall, prior to the expiration of his paramedic license, complete the requirements for recertification as an emergency medical technician utilizing one (1) of the methods provided for in this section.

- 1 (7) A paramedic whose license as a paramedic or certification as an emergency medical
  2 technician is suspended, revoked, or denied by the <u>office</u>[board] shall have the same
  3 action taken automatically with regard to his emergency medical technician
  4 certification or paramedic license.
- Section 24. KRS 311A.142 is repealed, reenacted as a new section of KRS
   Chapter 216B, and amended to read as follows:
- 7 (1) Any member of the United States military who is registered by the National Registry of Emergency Medical Technicians as an emergency medical responder, emergency medical technician, advanced emergency medical technician, or paramedic shall be eligible for reciprocity for Kentucky certification or licensure at the same certification or licensure level.
- 12 (2) Any emergency medical responder, emergency medical technician, advanced
  13 emergency medical technician, or paramedic that is currently certified or licensed
  14 and in good standing with a state contiguous to Kentucky shall be eligible for
  15 reciprocity at the same certification or licensure level in accordance with
  16 administrative regulations promulgated in accordance with KRS Chapter 13A.
- 17 (3) The <u>office</u>[Kentucky Board of Emergency Medical Services] shall promulgate
  18 administrative regulations in accordance with KRS Chapter 13A as necessary to
  19 implement the provisions of this section.
- 20 → Section 25. KRS 311A.145 is repealed, reenacted as a new section of KRS 21 Chapter 216B, and amended to read as follows:
- 22 (1) The <u>office[board]</u> may, by administrative regulation, prescribe a reasonable schedule of fees and charges for:
- 24 (a) Examination;
- 25 (b) Issuance, renewal, and reinstatement of licenses;
- 26 (c) Issuance, renewal, and reinstatement of certifications;
- 27 (d) Inspections and reinspections;

- 1 (e) Applications; and
- 2 (f) Other services and materials provided by the <u>office</u>[board].
- 3 (2) All fees, charges, or other moneys collected or received by the <u>office[board]</u> shall be
- 4 paid into the State Treasury and credited to a trust and agency fund *that*[which]
- shall not lapse, to be used by the <u>office[board]</u> for the carrying out of the provisions
- 6 of this chapter.
- 7 → Section 26. KRS 311A.150 is repealed and reenacted as a new section of KRS
- 8 Chapter 216B to read as follows:
- 9 A paramedic licensed pursuant to this chapter and a first responder certified pursuant to
- this chapter shall have the privileges and immunities specified in KRS 411.148, subject to
- 11 the provisions of that statute.
- → Section 27. KRS 311A.155 is repealed, reenacted as a new section of KRS
- 13 Chapter 216B, and amended to read as follows:
- 14 (1) There shall be an emergency medical services grant program to provide funding to
- each county for the direct operation of emergency medical services, including but
- not limited to purchase or lease of ambulances or equipment. Funds available shall
- not be used to fund personnel or consultant salaries.
- 18 (2) Funds appropriated to or received by the emergency medical services grant program
- shall be placed in a trust and agency account in the State Treasury and shall not
- lapse.
- 21 (3) The *office*[board] shall administer the emergency medical services grant program
- and may promulgate administrative regulations in accordance with KRS Chapter
- 23 <u>13A</u>, which shall include but not be limited to funding criteria necessary for its
- implementation and operation.
- 25 (4) Twenty percent (20%) of the funds received each fiscal year for the grant program
- 26 may be withheld from general distribution and shall be distributed for emergency
- 27 purposes only.

(5)

Grants may be made each fiscal year to each county fiscal court determined to be eligible by the <u>office</u>[board] for distribution to public ambulance services operated by or for the county. A county may keep funds appropriated to them for a period of two (2) years, if desired, for expenditure for authorized purposes. At the end of two (2) years from the date of the receipt of the grant, the county shall return any funds remaining unexpended to the emergency medical services grant fund. Each expenditure made by the fiscal court from grant funds provided to the county shall be documented, with appropriate receipts or other documents, and a copy of each receipt or other document shall be provided to the <u>office</u>[board] to verify that the expenditure was proper. The <u>office</u>[board] shall require reimbursement to the emergency medical services fund by the county, with interest at a rate of twenty percent (20%) annually, for any funds expended for an unauthorized purpose. If the county fails or refuses to reimburse the fund, the <u>office</u>[board] shall notify the Attorney General, who shall seek appropriate civil and criminal remedies.

- 15 (6) The <u>office[board]</u> shall, annually, by January 1, promulgate administrative 16 regulations <u>in accordance with KRS Chapter 13A</u> specifying items of equipment 17 and other authorized expenditures for the upcoming fiscal year. No funds shall be 18 provided to the county until after the start of the fiscal year.
  - (7) The <u>office[board]</u> may, in the event of a documented situation <u>that</u>[which] the <u>office[board]</u> considers to be an emergency and beyond the ability of the county to pay, provide emergency funding to the fiscal court for an ambulance or authorized equipment <u>that</u>[which] has been damaged or destroyed. Normal replacement of an ambulance or equipment shall not be considered an emergency. The amount of funding that may be provided by the <u>office[board]</u> shall not exceed ten thousand dollars (\$10,000). Only one (1) emergency funding request shall be granted for any county in each fiscal year. The amount of the emergency grant to the county shall be deducted from the county's grant for the next fiscal year.

Section 28. KRS 311A.160 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:

3 (1) A first responder may, subject to the provisions of this section, perform any

procedure:

- 5 (a) Specified in the most recent curriculum of the United States Department of
  6 Transportation training course for first responders; and
- 7 (b) Any additional procedure authorized by the <u>office</u>[board] by administrative regulation.
  - (2) When there is a change in the United States Department of Transportation curriculum for first responders or the <u>office</u>[board] approves an additional skill or procedure by administrative regulation, no person who was not trained under that curriculum shall perform any activity or procedure authorized by the new curriculum or administrative regulation unless the person has been trained according to the new curriculum or administrative regulation and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the <u>office</u>[board] adopts the new procedure or skill, the <u>office</u>[board] shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the first responder shall successfully complete the new material or lose his or her certification as a first responder.
  - (3) Except as provided in subsection (2) of this section, nothing in this section shall prevent an employer from exercising reasonable fiscal control over the costs of providing emergency medical services to its citizens nor to prevent the employer from exercising any reasonable control over first responders providing emergency medical care on behalf of a licensed entity or other provider.
- 27 (4) Nothing in this section shall be construed to permit utilization of any certified first

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responder for the purpose of such individual working with primary responsibility
and duties limited to hospitals, physician's offices, clinics, or other definitive care
facilities, except as a first responder trainee or as a full-time instructor of first
responders.

- Section 29. KRS 311A.165 is repealed, reenacted as a new section of KRS
   Chapter 216B, and amended to read as follows:
- 7 (1) An emergency medical technician may, subject to the provisions of this section, 8 perform any procedure:
  - (a) Specified in the most recent curriculum of the United States Department of Transportation training course for emergency medical technicians; and
    - (b) Any additional procedure authorized by the <u>office[board]</u> by administrative regulation.
    - When there is a change in the United States Department of Transportation curriculum for emergency medical technicians or the <code>office[board]</code> approves an additional skill or procedure by administrative regulation, no person who was not trained under that curriculum or administrative regulation shall perform any activity or procedure in the new curriculum or administrative regulation unless the person has been trained according to the new curriculum or administrative regulation and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the <code>office[board]</code> adopts the new procedure or skill, the <code>office[board]</code> shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the emergency medical technician shall successfully complete the new material or lose his or her certification as an emergency medical technician.
  - (3) Except as provided in subsection (2) of this section, nothing in this section shall prevent an employer from exercising reasonable fiscal control over the costs of

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1	providing emergency medical services to its citizens nor prevent the employer from
2	exercising any reasonable control over emergency medical technicians providing
3	emergency medical care upon behalf of the licensed entity or other provider.

- 4 (4) Nothing in this section shall be construed to permit utilization of a certified emergency medical technician for the purpose of such individual working with primary responsibility and duties limited to hospitals, physician's offices, clinics, or other definitive care facilities, except as an emergency medical technician trainee or a full-time instructor of emergency medical technicians.
- 9 → Section 30. KRS 311A.167 is repealed, reenacted as a new section of KRS 10 Chapter 216B, and amended to read as follows:
- 11 (1) An advanced emergency medical technician may, subject to the provisions of this 12 section, perform:
- 13 (a) Any procedure specified in the most recent curriculum of the United States
  14 Department of Transportation training course for advanced emergency
  15 medical technicians; and
  - (b) Any additional procedure authorized by the <u>office</u>[board] by administrative regulation.

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18 (2) When there is a change in the United States Department of Transportation 19 curriculum for advanced emergency medical technicians or the office[board] 20 approves an additional skill or procedure by administrative regulation, no person 21 who was not trained under that curriculum or administrative regulation shall 22 perform any activity or procedure in the new curriculum or administrative 23 regulation unless the person has been trained according to the new curriculum or 24 administrative regulation and demonstrates competency in the new knowledge or 25 skill. If the *office*[board] adopts the new procedure or skill, the *office*[board] shall 26 promulgate an administrative regulation specifying the new procedure, training 27 requirements, examination requirements, and a time period during which the

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1		advanced emergency medical technician shall successfully complete the new
2		material or lose his or her certification as an advanced emergency medical
3		technician.
4	(3)	Except as provided in subsection (2) of this section, nothing in this section shall
5		prevent an employer from exercising reasonable fiscal control over the costs of
6		providing emergency medical services to its citizens nor prevent the employer from
7		exercising any reasonable control over advanced emergency medical technicians
8		providing emergency medical care upon behalf of the licensed entity or other
9		provider.
10	(4)	Nothing in this section shall be construed to permit utilization of a certified
11		advanced emergency medical technician for the purpose of the individual working
12		with primary responsibility and duties limited to hospitals, physician's offices,
13		clinics, or other definitive care facilities, except as an advanced emergency medical
14		technician student.
15		→ Section 31. KRS 311A.170 is repealed, reenacted as a new section of KRS

17 Subject to the provisions of this section, a paramedic may perform any procedure: (1)

Chapter 216B, and amended to read as follows:

- 18 Specified in the most recent curriculum of the United States Department of (a) 19 Transportation training course for paramedics; and
- 20 Any additional procedure specified by the office[board] by administrative (b) 21 regulation.
- (2) When there is a change in the United States Department of Transportation curriculum for paramedics, or the office[board] approves an additional skill or procedure by administrative regulation, or approves a protocol differing from the curriculum or administrative regulations, no person who was not trained under that 26 curriculum or administrative regulation shall perform any activity or procedure in the new curriculum, administrative regulation, or protocol unless the person has

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been trained according to the new curriculum, administrative regulation, or protocol and demonstrates competency in the new knowledge or skill. Competency in a new skill shall be demonstrated through a return demonstration to a competent evaluator. If the <code>office[board]</code> adopts the new procedure or skill, the <code>office[board]</code> shall promulgate an administrative regulation specifying the new procedure, training requirements, examination requirements, and a time period during which the paramedic shall successfully complete the material or lose his or her license as a paramedic.

- (3) The <u>office</u>[board] shall promulgate administrative regulations in accordance with KRS Chapter 13A establishing the educational requirements, testing requirements, credentialing, and licensure requirements of advanced practice paramedics. Advanced practice paramedics shall validate competency as prescribed in administrative regulations and be identified as one (1) or more of the following certification levels of advanced practice paramedic:
- 15 (a) Certified community paramedic;
- 16 (b) Certified critical care paramedic;
- 17 (c) Certified flight paramedic;

- 18 (d) Certified tactical paramedic; or
- (e) Certified wilderness paramedic.
  - (4) A paramedic may draw blood samples from a criminal defendant upon the request of a peace officer and the consent of the defendant, or without the consent of the defendant upon receipt of a court order requiring the procedure, if the paramedic is authorized to do so by his or her employer. The authorization shall be in writing and may be by general written policy of the employer and the service's medical director. The paramedic who drew the blood sample shall deliver the sample to the peace officer or other person specified by the court in a court order and shall testify in court with regard thereto upon service of a proper subpoena.

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(5)	Except as provided by subsection (7) of this section, a paramedic shall be permitted
	to render services only under the supervision of a certified emergency medical
	services medical director, certified mobile integrated healthcare program medical
	director, or under the direct supervision of an emergency department medical
	director.

- 6 (6) A paramedic holding <u>office[board]</u> certification as a community paramedic may
  7 provide mobile integrated healthcare services only as an employee of a mobile
  8 integrated healthcare program holding a Class V mobile integrated healthcare
  9 license in affiliation with a Class I ground ambulance provider.
- 10 (7) Any provision of this chapter other than this section relating to the requirement for additional training, requirement for skill examination, or approval of standing orders, protocols, or medical procedures to the contrary notwithstanding, a paramedic may be employed by a hospital *or nursing facility* to work as a licensed paramedic in *any*[the emergency] department of the hospital *or nursing facility* subject to the following conditions:
  - (a) The hospital *or nursing facility* in collaboration with the medical staff shall provide operating procedures and policies under which the paramedic shall operate consistent with the paramedic's scope of practice;
  - (b) A paramedic shall provide patient care services under the orders of a physician, physician assistant, advanced practice registered nurse, or as delegated by a registered nurse;
  - (c) Subject to the provisions relating to the scope of practice of a paramedic, a hospital *or nursing facility* may require a paramedic to take additional training on any subject or skill *that*[which] the paramedic may be required to perform in a hospital *or nursing facility* and demonstrate competency in the skill or subject to a competent evaluator; and
- 27 (d) The paramedic does not violate the provisions of <u>Section 32 of this Act</u>[KRS

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I		311A.1/5] or any other statute or administrative regulation relating to a
2		paramedic.
3	<del>[</del>	No provision of this section shall prevent a paramedic from being employed in any
4		other section of the hospital where the paramedic's job duties do not require
5		certification or licensure by the board and do not otherwise constitute the unlawful
6		practice of medicine.]
7	(8)	Except as provided in subsection (2) of this section, nothing in this section shall
8		prevent an employer from exercising reasonable fiscal control over the costs of
9		providing medical services to its citizens nor prevent the employer from exercising
10		any reasonable control over paramedics providing care on behalf of the licensed
11		entity.
12		→Section 32. KRS 311A.175 is repealed, reenacted as a new section of KRS
13	Chaj	oter 216B, and amended to read as follows:
14	(1)	No certified emergency medical responder shall perform any act or procedure
15		that [which] exceeds the scope of practice of an emergency medical responder as
16		specified in this chapter and in administrative regulations promulgated by the
17		office[board].
18	(2)	No emergency medical technician shall perform any act or procedure that [which]
19		exceeds the scope of practice of an emergency medical technician as specified in
20		this chapter and in administrative regulations promulgated by the <u>office</u> [board].
21	(3)	No advanced emergency medical technician shall perform any act or procedure
22		that[which] exceeds the scope of practice of an advanced emergency medical
23		technician as specified in this chapter and in administrative regulations promulgated
24		by the <u>office</u> [board].
25	(4)	No paramedic shall perform any act or procedure <u>that</u> [which] exceeds the scope of
26		practice of a paramedic as specified in this chapter, administrative regulations
27		promulgated by the office[board], protocol, standing order, or other document

- 1 approved by the *office*[board].
- 2 (5) A certified emergency responder, emergency medical technician, advanced
- 3 emergency medical technician, or licensed paramedic is presumed to know the
- 4 standards of practice for his or her level of certification or licensure.
- 5 (6) It is the legal duty of an emergency medical responder, emergency medical
- 6 technician, advanced emergency medical technician, or paramedic to refuse to
- 7 perform any act or procedure <u>that</u>[which] is beyond the scope of practice for his or
- 8 her level of certification or licensure regardless of whether that act or procedure is
- 9 ordered by a physician, physician assistant, medical director, advanced practice
- registered nurse, registered nurse, or supervisor.
- 11 (7) No employer or organization for which an emergency medical responder,
- 12 emergency medical technician, advanced emergency medical technician, or
- paramedic has volunteered shall reprimand, discipline, or dismiss an emergency
- medical responder, emergency medical technician, advanced emergency medical
- technician, or paramedic who has refused to perform an act or procedure
- 16 <u>that</u>[which] the emergency medical responder, emergency medical technician,
- advanced emergency medical technician, or paramedic knows is in violation of the
- provisions of this section. Violation of this section by an employer or by an
- organization for which an emergency medical responder, emergency medical
- 20 technician, advanced emergency medical technician, or paramedic has volunteered
- shall be grounds for a legal action for wrongful discipline or wrongful discharge, as
- appropriate.
- 23 (8) The provisions of this section shall not apply to an order to perform an act or
- 24 procedure:
- 25 (a) For which a license or certification by the *office*[board] is not required and
- which otherwise do not constitute the unlawful practice of medicine; or
- 27 (b) For which no license or certification is required and does not involve medical

1	care or treatment; or
1	care of ireaument, of

2 (c) For which a license or certification issued by an agency other than the
3 office[board] is required and the emergency medical responder, emergency
4 medical technician, advanced emergency medical technician, or paramedic
5 holds such a license or certification.

- Section 33. KRS 311A.180 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
- 8 (1) Each emergency medical services medical director for an ambulance service, or 9 other emergency medical services provider, shall submit:
- 10 (a) His or her protocols, including the pre-hospital care protocols related to the assessment, treatment, and transport of stroke patients;
- 12 (b) His or her standing orders; and

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- 13 (c) Similar medical control documents to the <u>office</u>[board] for approval prior to
  14 placing the document in use.
  - (2) The <u>inspector general</u>[medical advisor for the board] shall review each document submitted to ascertain if it is in accordance with accepted standards of medical care and in accordance with the provisions of this chapter and administrative regulations promulgated thereunder. If the protocol, standing order, or other medical control document clearly violates the accepted standards of medical care, this chapter, or an administrative regulation, the <u>inspector general</u>[medical advisor] shall notify the emergency medical services medical director of the exact violation and recommend a correction thereof.
  - (3) Following review of protocol, standing order, and medical control documents and giving the emergency medical services medical director who submitted the documents an opportunity to review the *inspector general's* [medical advisor's] comments, the *inspector general* [medical advisor shall submit the documents together with his or her comments to the board for approval or disapproval.

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(4)	The board] shall approve, disapprove, or approve with modifications <u>the</u> protocol,
	standing order, and medical control documents submitted by the emergency medical
	services medical director[ at its next regular or special meeting following the
	submission of the documents].

- [(5) If a protocol, standing order, or other medical control document is disapproved by the board, the emergency medical services medical director who submitted it may appeal the decision to the Franklin Circuit Court. If the decision of the board is appealed to the Franklin Circuit Court, the board shall bear the burden of proving that the protocol, standing order, or other medical control document violates the accepted standards of medical care, or an administrative regulation.
- 11 (6)](4) The <u>office[board]</u> shall, by administrative regulation, specify a schedule for submission and prompt review and decision making with regard to protocols, standing orders, and medical control documents submitted to the <u>office[board]</u>.
  - → Section 34. KRS 311A.185 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
  - (1) When it appears that a person whom a paramedic who has successfully completed training in determination of death has been called to attend is dead, the paramedic shall, utilizing the protocol specified by the <u>office</u>[board] by administrative regulation, determine whether or not the patient is dead after resuscitation of the patient is attempted by the paramedic or an emergency medical technician who has responded with or after the paramedic, unless the protocol indicates that the patient is not capable of being resuscitated. If, after resuscitation has been attempted on a patient who the protocol deems is capable of being resuscitated, the patient has not been successfully resuscitated according to the protocol, the paramedic may discontinue further resuscitation efforts and proceed to determine whether the patient is dead and whether to declare the patient dead. If it is determined that death has occurred in accordance with the procedures of KRS 446.400 with regard to

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patients who have not been resuscitated, the paramedic may make the actual determination and pronouncement of death. This section shall not apply to patients who are in a hospital when apparent death occurs.

- 4 (2) In the event that a paramedic determines that a person is dead, the paramedic shall make the notifications required by KRS 72.020 and take the protective actions required by that statute.
- 7 (3) Any paramedic course taught after July 15, 1998, shall include a course of instruction on the determination of death and preservation of evidence as required by the *office*[board] by administrative regulation.
- 10 (4) Any paramedic from another jurisdiction desiring to become a paramedic in
  11 Kentucky shall show evidence of successful completion of a training course in
  12 Kentucky meeting the requirements of subsection (3) of this section, and licensure
  13 as a paramedic shall be denied if the required evidence is not shown.
- 14 (5) The administration of cardiopulmonary resuscitation or other basic life support 15 measures to the apparently dead person prior to the arrival of the paramedic by any 16 person, for the purposes of this section and KRS 446.400, shall not be considered as 17 artificial maintenance of respiration and circulation. The administration of advanced 18 cardiac life support procedures by any person, other than a registered nurse, prior to 19 the arrival of the paramedic shall preclude the determination of death by the 20 paramedic, and the provisions of KRS 446.400 shall apply. However, nothing in 21 this section shall preclude the supervising physician from directing the paramedic to 22 cease resuscitative efforts under approved agency medical protocols.
- 23 (6) The resuscitative efforts of a paramedic under the protocols authorized by this section shall not invoke the provisions of KRS 446.400.
- Section 35. KRS 311A.190 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
- 27 (1) The office shall promulgate administrative regulations in accordance with KRS

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1		Chapter 13A to establish requirements governing:
2		(a) Patient records and run reports to be collected and maintained by each
3		licensed ambulance provider, mobile integrated healthcare program, or
4		medical first response provider;
5		(b) Submission of the information from those records to the office; and
6		(c) Personnel record-keeping requirements.
7	<u>(2)</u>	The office shall develop a patient care record form for the use of each class of
8		ambulance provider, mobile integrated healthcare program, and medical first
9		response provider. An ambulance provider, mobile integrated healthcare
10		program, or medical first response provider may utilize any patient care record
11		form it chooses in lieu of or in addition to the office developed patient care record
12		form. However, the data captured on the patient care record form utilized by the
13		ambulance service provider, mobile integrated healthcare program, or medical
14		first response provider shall include at least that data that is required by
15		administrative regulations promulgated by the office.
16	<u>(3)</u>	The office may publish a comprehensive annual report reflecting the data
17		collected, injury and illness data, treatment utilized, and other information
18		deemed important by the office. The annual report shall not include patient
19		identifying information or any other information identifying a natural person. A
20		copy of the comprehensive annual report, if issued, shall be forwarded to the
21		Governor and the General Assembly.
22	<i>(4)</i>	An ambulance provider or medical first response provider that collects patient
23		data through electronic means shall have the means of providing a patient care
24		record or summary report that includes all required data elements to the medical
25		care facility. A copy of the medical first response patient care record or summary
26		report of the patient care record and patient information shall be made available
27		to the ambulance service that transports the patient. A copy of the ambulance run

report form shall be made available to any medical care facility to which a patient is transported and shall be included in the patient's medical record by that facility. If a patient is not transported to a medical facility, the copy of the patient care record that is to be given to the transporting ambulance provider or medical care facility shall be given to the patient or to the patient's parent or legal guardian upon request. If the ambulance provider, medical facility, patient, or patient's legal guardian refuses delivery of their patient care record or is unavailable to receive the form, that copy of the patient care record shall be returned to the medical first response provider or ambulance provider and destroyed Feach licensed ambulance provider, mobile integrated healthcare program, and medical first response provider as defined in this chapter shall collect and provide to the board patient care record data and information required by the board by this chapter and administrative regulation.

2) The board shall develop a patient care record form for the use of each class of ambulance provider, mobile integrated healthcare program, and medical first response provider containing the data required in subsection (1) of this section. An ambulance provider, mobile integrated healthcare program, or medical first response provider may utilize any patient care record form it chooses in lieu of or in addition to the board developed patient care record form. However, the data captured on the patient care record form utilized by the ambulance service provider, mobile integrated healthcare program, or medical first response provider shall include at least that data which is required by the administrative regulations promulgated pursuant to subsection (1) of this section.

(3) An ambulance provider, mobile integrated healthcare program, or medical first response provider shall report the required patient care record data as prescribed through administrative regulations promulgated by the board by transmitting the required data and information to the board in an electronic format. If the board

requires the use of a specific electronic format, it shall provide a copy of the file layout requirements, in either written or electronic format, to the licensed ambulance provider or medical first response provider at no charge.

- (4) The board may publish a comprehensive annual report reflecting the data collected, injury and illness data, treatment utilized, and other information deemed important by the board. The annual report shall not include patient identifying information or any other information identifying a natural person. A copy of the comprehensive annual report, if issued, shall be forwarded to the Governor and the General Assembly.
- (5) Ambulance provider, mobile integrated healthcare program and medical first response provider patient care records and the information transmitted electronically to the board shall be confidential. No person shall make an unauthorized release of information on an ambulance provider, mobile integrated healthcare program, or medical first response provider patient care record. Only the patient or the patient's parent or legal guardian if the patient is a minor, or the patient's legal guardian or person with proper power of attorney if the patient is under legal disability as being incompetent or mentally ill, or a court of competent jurisdiction may authorize the release of information on a patient's care record or the inspection or copying of the patient care record. Any authorization for the release of information or for inspection or copying of a patient care record shall be in writing.
- (6) An ambulance provider or medical first response provider that collects patient data through electronic means shall have the means of providing a patient care record or summary report that includes all required data elements to the medical care facility. A copy of the medical first response patient care record or summary report of the patient care record and patient information shall be made available to the ambulance service that transports the patient. A copy of the ambulance run report form shall be made available to any medical care facility to which a patient is transported and

	shall be included in the patient's medical record by that facility. If a patient is not
	transported to a medical facility, the copy of the patient care record that is to be
	given to the transporting ambulance provider or medical care facility shall be given
	to the patient or to the patient's parent or legal guardian upon request. If the
	ambulance provider, medical facility, patient, or patient's legal guardian refuses
	delivery of their patient care record or is unavailable to receive the form, that copy
	of the patient care record shall be returned to the medical first response provider or
	ambulance provider and destroyed.
<del>(7)</del>	All ambulance services and mobile integrated healthcare programs shall be required
	to keep adequate reports and records to be maintained at the ambulance base
	headquarters and to be available for periodic review as deemed necessary by the
	board. Required records and reports are as follows:

- (a) Employee records, including a resume of each employee's training and experience and evidence of current certification or licensure; and
- (b) Health records of all personnel including records of all illnesses or accidents occurring while on duty.
- (8) Data and records generated and kept by the board or its contractors regarding the evaluation of emergency medical care, mobile integrated healthcare programs, and trauma care in the Commonwealth, including the identities of patients, emergency medical services personnel, ambulance providers, medical first response providers, and emergency medical facilities, shall be confidential, shall not be subject to disclosure under KRS 61.805 to 61.850 or KRS 61.870 to 61.884, shall not be admissible in court for any purpose, and shall not be subject to discovery. However, nothing in this section shall limit the discoverability or admissibility of patient medical records regularly and ordinarily kept in the course of a patient's treatment that otherwise would be admissible or discoverable].
- → Section 36. KRS 311A.195 is repealed and reenacted as a new section of KRS

	_	Chapter	216B	to read	as follo	ows
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Any emergency medical technician and any paramedic shall be authorized to administer epinephrine to any person whom the EMT or paramedic has been called to attend if the EMT or paramedic makes an assessment that the person is exhibiting symptoms consistent with an anaphylactic reaction. The EMT or paramedic shall follow the medical protocol established by the medical director of the employing licensed ambulance service in determining the appropriate dose or doses of epinephrine and the routes for administration.

- 9 (2) Every ambulance provider in the Commonwealth shall:
- 10 (a) Maintain an adequate supply of epinephrine and disposable sterile needles and
  11 syringes on every ambulance that it operates; and
- 12 (b) Establish medical protocols to be used by EMT providers and paramedics in 13 determining symptoms of an anaphylactic reaction, the appropriate dose or 14 doses of epinephrine, and the routes for administration.
- Section 37. KRS 311A.200 is repealed, reenacted as a new section of KRS Chapter 216B, and amended to read as follows:
- 17 (1) The provisions of <u>Section 10 of this Act</u>[KRS 311A.050] relating to the
  18 certification and licensure of a felon as a first responder, emergency medical
  19 technician, or paramedic to the contrary notwithstanding, the <u>office</u>[board] may
  20 issue a limited certification as a first responder or emergency medical technician or
  21 a limited license as a paramedic to a convicted felon who is currently serving a
  22 sentence for a felony and is in a facility operated by or under contract to the
  23 Department of Corrections.
- 24 (2) A felon with a limited certification or license shall be limited to performing his or 25 her services only upon other inmates, visitors, or staff of an institution operated by 26 or under contract to the Department of Corrections.
- 27 (3) Upon release by expiration of sentence, probation, shock probation, parole, or other

1		form	n of early release or upon the escape of the inmate from confinement the license
2		or c	pertification shall automatically terminate. If the inmate has escaped from
3		conf	inement he or she shall never be issued a future limited certification or license.
4	(4)	All	other provisions of this chapter relating to first responders, emergency medical
5		tech	nicians, paramedics, and their employment and supervision shall apply to
6		conv	victed felons with a limited license or certification.
7	(5)	An i	inmate who violates the provisions of this section shall be guilty of a Class D
8		felo	ny.
9		<b>→</b> S	ection 38. KRS 39A.275 (Effective until December 31, 2023) is amended to
10	read	as fo	llows:
11	(1)	As u	ised in this section:
12		(a)	"Arising from COVID-19" means an injury or harm that allegedly occurred on
13			or after the emergency was declared on March 6, 2020, and until the
14			emergency declaration is withdrawn, revoked, or lapses, caused by or resulting
15			from:
16			1. The actual, alleged, or possible exposure to, transmission of, or
17			contraction of COVID-19;
18			2. Services, treatment, or other action performed to limit or prevent the
19			spread of COVID-19; or
20			3. Services performed by an entity outside the normal course of its business
21			in response to COVID-19;
22		(b)	"COVID-19" means the novel coronavirus identified as SARS-CoV-2, or a
23			virus mutating from SARS-CoV-2, or any variant of SARS-CoV-2, and
24			medical conditions associated with the virus;
25		(c)	"COVID-19 claim" means any claim or cause of action for an act or omission
26			arising from COVID-19 that accrued on or after the date the emergency was
27			declared on March 6, 2020, and until the emergency declaration is withdrawn,

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1		revoked, or lapses;
2	(d)	"Executive action" means:
3		1. All orders and guidelines related to a COVID-19 declared emergency
4		issued by the Governor or any state agency, the President of the United
5		States or any federal agency, or a local governmental agency; and
6		2. Industry-specific guidelines related to a COVID-19 declared emergency
7		adopted by a state agency that govern the industry;
8	(e)	"Executive action":
9		1. Does not mean informal or indefinite statements or recommendations
10		made by government officials; and
11		2. Does not create a duty of care;
12	(f)	"Health care providers" means:
13		1. Any health facility as defined in KRS 216B.015;
14		2. Any person or entity providing health care or health services, including
15		those licensed, certified, or registered under, or subject to, KRS
16		194A.700 to 194A.729 or KRS Chapters <u>216B</u> , 310, 311, <del>[311A, ]</del> 311B,
17		312, 313, 314, 314A, 315, 319, 319A, 319B, 319C, 320, 327, 333,
18		334A, or 335;
19		3. The current and former employers, officers, directors, administrators,
20		agents, or employees of those entities listed in subparagraphs 1. and 2. of
21		this paragraph; or
22		4. Any person acting within the course and scope of his or her office,
23		employment, or agency relating to a health care provider;
24	(g)	"Owner" means:
25		1. The possessor of a fee simple, reversionary, or easement interest, a
26		tenant, lessee, occupant, or person in control of any premises, and his or
27		her employees and agents; or

1			2.	The possessor of an ownership interest, lessee, occupant, or person in
2				control of an automobile, bus, train, boat, or aircraft, whether or no
3				licensed as a common carrier or motor carrier, and his or her employees
4				and agents;
5		(h)	"Pers	son" has the same meaning as in KRS 446.010, any other profit or
6			nonp	profit institution or legal entity, and any employer or employee;
7		(i)	"Poli	itical subdivision" has the same meaning as "governmental entity" in KRS
8			341.0	069; and
9		(j)	"Prei	mises" means:
10			1.	Private or public roads, walking or cycling paths, sidewalks, hiking or
11				multi-use trails, watercourses, or water ways;
12			2.	Buildings and structures, including houses of worship, schools, homes
13				parks, restaurants, shops, stadiums, arenas, gyms, medical facilities
14				long-term care facilities, retail facilities, wholesale and manufacturing
15				facilities, and facilities in which individuals charged with or convicted
16				of a crime are incarcerated;
17			3.	Aircraft, automobiles, trains, buses, or watercraft, whether or no
18				licensed as a common carrier or motor carrier; or
19			4.	Any other location where members of the public may engage in
20				personal, commercial, social, religious, or other activities.
21	(2)	Exce	ept as	provided in subsection (3) of this section, an owner who follows any
22		exec	utive	action to prevent the spread of COVID-19 during the COVID-19 declared
23		eme	rgency	and either directly or indirectly invites or permits another person to enter
24		the o	owner'	s premises while a COVID-19 declared emergency affecting the premises
25		rema	ains in	effect or continues, does not:

26

27

(a)

Extend any assurance that the premises are safe from any risk of exposure to

COVID-19 or to conditions caused by the COVID-19 declared emergency;

1	(b)	Owe a	duty to	protect	from	or	warn	about	any	risk	related	to	or	caused	by
2		COVID	-19; or												

- 3 (c) Assume responsibility, or incur liability, for any alleged injury, loss, or damage to persons or property arising from a COVID-19 claim.
- 5 (3) Nothing in this section limits any liability of an owner for gross negligence, or wanton, willful, malicious, or intentional misconduct.
- 7 (4) Nothing in this section shall:
- 8 (a) Create a duty of care or ground of liability for injury to persons or property;
- 9 (b) Relieve any person entering premises from any obligation that he or she may
  10 have in the absence of this section to exercise care in his or her use of the
  11 premises, or from the legal consequences of the failure to employ such care;
- 12 (c) Affect the right of persons to receive benefits to which he or she would 13 otherwise be entitled under KRS Chapter 342, nor does it affect the exclusive 14 application of that chapter; or
- 15 (d) Affect the applicability of KRS Chapter 338.
- 16 (5) Any COVID-19 claim for personal injury against an owner or essential service 17 provider shall be brought within the time set out in KRS 413.140. For purposes of 18 this subsection, such claim shall be deemed to have accrued at the time the injury is 19 first discovered, or in the exercise of reasonable care should have been discovered.
- 20 (6) Any COVID-19 claim involving motor vehicle accidents shall be governed by the limitation periods in KRS 304.39-230.
- 22 (7) Any COVID-19 claim involving damage to real property shall be brought within the time set out in KRS 413.120.
- 24 (8) (a) Any essential service provider during the declared emergency of the COVID-25 19 pandemic shall not be liable for any COVID-19 claim.
- 26 (b) Nothing in this subsection limits any liability of an essential service provider 27 for gross negligence, or wanton, willful, malicious, or intentional misconduct.

1	(9)	The	following businesses and service providers shall be deemed essential service			
2			providers and shall be considered an agent of the Commonwealth of Kentucky for			
3		_	imited purpose of providing essential services arising from COVID-19:			
4		(a)	The following service providers identified in Executive Order No. 2020-257			
5		()	dated March 25, 2020:			
6			<ol> <li>Organizations that provide charitable and social services;</li> </ol>			
7			<ol> <li>Individuals and businesses needed for transportation;</li> </ol>			
8			<ul><li>3. Financial institutions;</li></ul>			
9			<ul><li>4. Mail, post, shipping, and pick-up services;</li></ul>			
10			<ul><li>5. Individuals and businesses that produce, supply, prepare, and sell food;</li></ul>			
11			6. Home-based care and services; and			
12			7. Individuals and businesses that work in the supply chain for critical			
13			medical and pharmaceutical products;			
14		(b)	Health care providers;			
15		(c)	Medicaid waiver providers;			
16		(d)	Elementary and secondary schools, whether public or private;			
17		(e)	Child care service providers and facilities;			
18		(f)	Funeral directors, morticians, undertakers, and embalmers;			
19		(g)	Local government agencies and political subdivisions; and			
20		(h)	Manufacturers located in the Commonwealth of Kentucky that produced or			
21			are producing, or that distributed or are distributing, medical, medicinal,			
22			hygienic items such as face masks and hand sanitizers, or other personal			
23			protective equipment.			
24	(10)	Notl	ning in KRS Chapters 39A to 39F amends, repeals, or alters any immunity,			
25	` /		nse, limitation of liability, or procedure available or required under any other			
26		law	or contract.			
27		<b>≥</b> ≤	ection 39 KRS 42 738 is amended to read as follows:			

(1)

The executive director shall establish and implement a statewide public safety interoperability plan. This plan shall include the development of required architecture and standards that will insure that new or upgraded Commonwealth public safety communications systems will interoperate. The Kentucky Wireless Interoperability Executive Committee shall be responsible for the evaluation and recommendation of all wireless communications architecture, standards, and strategies. The executive director shall provide direction, stewardship, leadership, and general oversight of information technology and information resources. The executive director shall report by September 15 annually to the Interim Joint Committee on Seniors, Veterans, Military Affairs, and Public Protection and the Interim Joint Committee on State Government on progress and activity by agencies of the Commonwealth to comply with standards to achieve public safety communications interoperability.

(2) The Kentucky Wireless Interoperability Executive Committee shall serve as the advisory body for all wireless communications strategies presented by agencies of the Commonwealth and local governments. All state agencies in the Commonwealth shall present all project plans for primary wireless public safety voice or data communications systems for review and recommendation by the committee, and the committee shall forward the plans to the executive director for final approval. Local government entities shall present project plans for primary wireless public safety voice or data communications systems for review and recommendation by the Kentucky Wireless Interoperability Executive Committee.

(3) The committee shall develop funding and support plans that provide for the maintenance of and technological upgrades to the public safety shared infrastructure, and shall make recommendations to the executive director, the Governor's Office for Policy and Management, and the General Assembly.

27 (4) The executive director shall examine the project plans for primary wireless public

1		safet	y voice or data communications systems of state agencies as required by						
2		subs	subsection (2) of this section, and shall determine whether they meet the required						
3		arch	architecture and standards for primary wireless public safety voice or data						
4		com	munications systems.						
5	(5)	The	Kentucky Wireless Interoperability Executive Committee shall consist of $\underline{\textit{the}}$						
6		<u>follo</u>	wing members [twenty (20) members as follows]:						
7		(a)	A person knowledgeable in the field of wireless communications appointed by						
8			the executive director who shall serve as chair;						
9		(b)	The executive director of the Office of Infrastructure Services,						
10			Commonwealth Office of Technology;						
11		(c)	The executive director of Kentucky Educational Television, or the executive						
12			director's designee;						
13		(d)	The information technology lead of the Transportation Cabinet;						
14		(e)	The information technology lead of the Justice and Public Safety Cabinet;						
15		(f)	The information technology lead of the Department of Kentucky State Police;						
16		(g)	The commissioner of the Department of Fish and Wildlife Resources, or the						
17			commissioner's designee;						
18		(h)	The information technology lead of the Energy and Environment Cabinet;						
19		(i)	The director of the Division of Emergency Management, Department of						
20			Military Affairs;						
21		(j)	The executive director of the Kentucky Office of Homeland Security;						
22		(k)	The information technology lead of the Department for Public Health, Cabinet						
23			for Health and Family Services;						
24		(1)	A representative from an institution of postsecondary education appointed by						
25			the Governor from a list of three (3) names submitted by the president of the						
26			Council on Postsecondary Education;						
27		(m)	The executive director of the Center for Rural Development, or the executive						

I			director's designee;
2		(n)	A representative from a municipal government to be appointed by the
3			Governor from a list of three (3) names submitted by the Kentucky League of
4			Cities;
5		(o)	A representative from a county government to be appointed by the Governor
6			from a list of three (3) names submitted by the Kentucky Association of
7			Counties;
8		(p)	A representative from a municipal police department to be appointed by the
9			Governor from a list of three (3) names submitted by the Kentucky
10			Association of Chiefs of Police;
11		(q)	A representative from a local fire department to be appointed by the Governor
12			from a list of three (3) names submitted by the Kentucky Association of Fire
13			Chiefs;
14		(r)	A representative from a county sheriff's department to be appointed by the
15			Governor from a list of three (3) names submitted by the Kentucky Sheriffs'
16			Association; and
17		(s)	[A representative from a local Emergency Medical Services agency to be
18			appointed by the Governor from a list of three (3) names submitted by the
19			Kentucky Board of Emergency Medical Services; and
20		<del>(t)</del>	A representative from a local 911 dispatch center to be appointed by the
21			Governor from a list of three (3) names submitted by the Kentucky Chapter of
22			the National Emergency Number Association/Association of Public Safety
23			Communications Officials.
24	(6)	App	ointed members of the committee shall serve for a two (2) year term. Members
25		who	serve by virtue of an office shall serve on the committee while they hold that
26		offic	ce.
27	(7)	The	committee shall meet quarterly, or as often as necessary for the conduct of its

 $\begin{array}{c} \text{Page 62 of 148} \\ \text{XXXX} \end{array}$ 

1		business. A majority of the members shall constitute a quorum for the transaction of					
2		business. Members' designees shall have voting privileges at committee meetings.					
3	(8)	The committee shall be attached to the Commonwealth Office of Technology for					
4		administrative purposes only. Members shall not be paid and shall not be					
5		reimbursed for travel expenses.					
6	(9)	The Public Safety Working Group is hereby created for the primary purpose of					
7		fostering cooperation, planning, and development of the public safety frequency					
8		spectrum as regulated by the Federal Communications Commission, including the					
9		700 MHz public safety band. The group shall endeavor to bring about a seamless,					
10		coordinated, and integrated public safety communications network for the safe,					
11		effective, and efficient protection of life and property. The Public Safety Working					
12		Group membership and other working group memberships deemed necessary shall					
13		be appointed by the chair of the Kentucky Wireless Interoperability Executive					
14		Committee.					
15	(10)	The committee may establish additional working groups as determined by the					
16		committee.					
17		→ Section 40. KRS 61.168 is amended to read as follows:					
18	(1)	As used in this section:					
19		(a) "Body-worn camera" means a video or audio electronic recording device that					
20		is carried by or worn on the body of a public safety officer. This definition					
21		does not include a dashboard mounted camera or recording device used in the					
22		course of clandestine investigations;					
23		(b) "Body-worn camera recording" or "recording" means a video or audio					
24		recording, or both, that is made by a body-worn camera during the course of a					
25		public safety officer's official duties;					

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(c)

"Personal representative" means a court-appointed guardian, attorney, or agent

possessing written authorization to act on behalf of a person that is involved in

an incident contained in a body-worn camera recording, a person holding a power of attorney for a person that is involved in an incident contained in a body-worn camera recording, or the parent or guardian of a minor child depicted in a body-worn camera recording. If a person depicted in the recording is deceased, the term also means the personal representative of the estate of the deceased person, the deceased person's surviving spouse, parent, or adult child, the deceased person's attorney, or the parent or guardian of a surviving minor child of the deceased;

(d) "Public agency" has the same meaning as in KRS 61.870(1);

- (e) "Public safety officer" means any individual that is an employee of a public agency who is certified as a first responder under KRS Chapter <u>216B[311A]</u> or whose employment duties include law enforcement or firefighting activities; and
  - (f) "Use of force" means any action by a public safety officer that results in death, physical injury as defined in KRS 500.080(13), discharge of a personal body weapon, chemical agent, impact weapon, extended range impact weapon, sonic weapon, sensory weapon, conducted energy weapon, or a firearm, or involves the intentional pointing of a public safety officer's firearm at a member of the public.
- 20 (2) Except as provided in this section, the disclosure of body-worn camera recordings shall be governed by the Kentucky Open Records Act, as set forth in KRS 61.870 to 61.884.
- 23 (3) The retention of body-worn camera video recordings shall be governed by KRS
  24 171.410 to 171.740, and the administrative regulations promulgated by the
  25 Kentucky Department of Libraries and Archives.
- 26 (4) Notwithstanding KRS 61.878(4), unless the request meets the criteria provided 27 under subsection (5) of this section, a public agency may elect not to disclose body-

1	worn camera	recordings	containing	video	or audio	footage	that:
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(a) Includes the interior of a place of a private residence where there is a reasonable expectation of privacy, unless the legal owner or lessee with legal possession of the residence requests in writing that the release be governed solely under the provisions of KRS 61.870 to 61.884;

- (b) Includes the areas inside of a medical facility, counseling, or therapeutic program office where a patient is registered to receive treatment, receiving treatment, waiting for treatment, or being transported in the course of treatment;
- (c) Would disclose health care information shared with patients, their families, or with a patient's care team or that is considered protected health information under the Health Insurance Portability and Accountability Act of 1996;
- (d) Includes the areas inside of a correctional facility when disclosure would reveal details of the facility that would jeopardize the safety, security, or wellbeing of those in custody, the staff of the correctional facility, or law enforcement officers;
- (e) Is of a sexual nature or video footage that contains nude images of an individual's genitals, pubic area, anus, or the female nipple;
- (f) Is of a minor child, including but not limited to footage involving juvenile custody matters;
  - (g) Includes the body of a deceased individual;
- 22 (h) Would reveal the identity of witnesses, confidential law enforcement 23 informants, or undercover law enforcement officers, or if the release could 24 jeopardize the safety, security, or well-being of a witness or confidential 25 informant;
  - (i) Would reveal the location information of a domestic violence program or emergency shelter;

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1		(j)	Would reveal information related to schools, colleges, and universities that is
2			protected by the federal Family Educational Rights and Privacy Act;
3		(k)	Would result in the disclosure of nonpublic or confidential data classified as
4			Criminal Justice Information Services data by the Federal Bureau of
5			Investigation;
6		(l)	Includes a public safety officer carrying out duties directly related to the
7			hospitalization of persons considered mentally ill;
8		(m)	Includes the depiction of the serious injury or death of a public safety officer
9			or
10		(n)	Includes footage made in conjunction with a law enforcement exercise that
11			includes special response team actions, hostage negotiations, or training
12			events, but only where the public release of tactics, operational protocol, or
13			methodology would disadvantage the capability of public safety officers to
14			successfully respond in emergency or other dangerous situations.
15	(5)	If the	e recording contains video or audio footage that:
16		(a)	Depicts an encounter between a public safety officer where there is a use of
17			force, the disclosure of the record shall be governed solely by the provisions
18			of KRS 61.870 to 61.884, including all of the exceptions contained therein;
19		(b)	Depicts an incident which leads to the detention or arrest of an individual or
20			individuals, the disclosure of the record shall be governed solely by the
21			provisions of KRS 61.870 to 61.884, including all of the exceptions contained
22			therein;
23		(c)	Depicts an incident which is the subject of a formal complaint submitted
24			against a public safety officer under KRS 15.520, 67C.326, or 95.450, or
25			depicts an incident which is the subject of a formal legal or administrative
26			complaint against the agency employing the public safety officer, the release

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of the record shall be governed by the provisions of KRS 61.870 to 61.884,

1	including a	all of the	exceptions	contained	therein:	or

(d) Is requested by a person or other entity or the personal representative of a person or entity that is directly involved in the incident contained in the bodyworn camera recording, it shall be made available by the public agency to the requesting party for viewing on the premises of the public agency, but the public agency shall not be required to make a copy of the recording except as provided in KRS 61.169. The requesting parties shall not be limited in the number of times they may view the recording under this paragraph.

- 9 (6) Nothing in this section or KRS 61.169 shall be interpreted to override any provision related to:
- 11 (a) Reports by law enforcement officers and criminal justice agencies under KRS 17.150;
  - (b) The law and rules governing discovery or the submission and display of evidence in any court proceeding, whether criminal or civil, or any administrative proceeding; or
  - (c) The provisions of KRS 189A.100.
- → Section 41. KRS 61.315 is amended to read as follows:
- 18 (1) As used in this section:

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19 (a) "Police officer" means every paid police officer, sheriff, or deputy sheriff, 20 corrections employee with the power of a peace officer pursuant to KRS 21 196.037, any metropolitan or urban-county correctional officer with the power 22 of a peace officer pursuant to KRS 446.010, any jailer or deputy jailer, any 23 auxiliary police officer appointed pursuant to KRS 95.445, any police officer 24 of a public institution of postsecondary education appointed pursuant to KRS 25 164.950, any school resource officer as defined in KRS 158.441, or any 26 citation or safety officer appointed pursuant to KRS 83A.087 and 83A.088, 27 elected to office, or employed by any county, airport board created pursuant to

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1 KRS Chapter 183, city, local board of education, or by the state;

(b) "Firefighter" means every paid firefighter or volunteer firefighter who is employed by or volunteers his or her services to the state, airport board created pursuant to KRS Chapter 183, any county, city, fire district, or any other organized fire department recognized, pursuant to KRS 95A.262, as a fire department operated and maintained on a nonprofit basis in the interest of the health and safety of the inhabitants of the Commonwealth and shall include qualified civilian firefighters employed at Kentucky-based military installations; and

- (c) "Emergency medical services personnel" means any paid or volunteer emergency medical services personnel who is certified or licensed pursuant to KRS Chapter <u>216B</u>[311A] and who is employed directly by, or volunteering directly for, any:
  - 1. County;
- 2. City;

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- 3. Fire protection district created under KRS 75.010 to 75.260; or
- 4. Emergency ambulance service district created under KRS 108.080 to 108.180;
- 19 to provide emergency medical services.
- 20 (2) The spouse of any police officer, sheriff, deputy sheriff, corrections employee with 21 the power of a peace officer pursuant to KRS 196.037, any metropolitan or urban-22 county correctional officer with the power of a peace officer pursuant to KRS 23 446.010, any jailer or deputy jailer, any auxiliary police officer appointed pursuant 24 to KRS 95.445, any police officer of a public institution of postsecondary education 25 appointed pursuant to KRS 164.950, any school resource officer as defined in KRS 26 158.441, or any citation or safety officer appointed pursuant to KRS 83A.087 and 27 83A.088, firefighter, or member of the Kentucky National Guard on state active

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duty pursuant to KRS 38.030, or a member of a state National Guard or a Reserve component on federal active duty under Title 10 or 32 of the United States Code who names Kentucky as home of record for military purposes, whose death occurs on or after July 1, 2002, as a direct result of an act in the line of duty shall receive a lump-sum payment of eighty thousand dollars (\$80,000) if there are no surviving children, which sum shall be paid by the State Treasurer from the general fund of the State Treasury. The spouse of any emergency medical services personnel whose death occurs on or after November 1, 2015, as a direct result of an act in the line of duty shall receive a lump-sum payment of eighty thousand dollars (\$80,000) if there are no surviving children, which sum shall be paid by the State Treasurer from the general fund of the State Treasury. If there are surviving children and a surviving spouse, the payment shall be apportioned equally among the surviving children and the spouse. If there is no surviving spouse, the payment shall be made to the surviving children, eighteen (18) or more years of age. For surviving children less than eighteen (18) years of age, the State Treasurer shall:

- (a) Pay thirty-five thousand dollars (\$35,000) to the surviving children; and
- (b) Hold forty-five thousand dollars (\$45,000) in trust divided into equal accounts at appropriate interest rates for each surviving child until the child reaches the age of eighteen (18) years.

If a child dies before reaching the age of eighteen (18) years, his or her account shall be paid to his or her estate. If there are no surviving children, the payment shall be made to any parents of the deceased.

(3) The Kentucky Fire Commission shall be authorized to promulgate administrative regulations establishing criteria and procedures applicable to the administration of this section as it pertains to both paid and volunteer firefighters, including but not limited to defining when a firefighter has died in line of duty. Administrative hearings promulgated by administrative regulation under authority of this

subsection shall be conducted in accordance with KRS Chapter 13B.

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(4) The Justice and Public Safety Cabinet may promulgate administrative regulations establishing criteria and procedures applicable to the administration of this section as it pertains to police officers, any metropolitan or urban-county correctional officers with the power of a peace officer pursuant to KRS 446.010, any school resource officer as defined in KRS 158.441, or any jailers or deputy jailers, including but not limited to defining when one has died in line of duty. Administrative hearings promulgated by administrative regulation under authority of this subsection shall be conducted in accordance with KRS Chapter 13B.

- (5) The Department of Corrections shall promulgate administrative regulations establishing the criteria and procedures applicable to the administration of this section as it pertains to correctional employees, including but not limited to defining which employees qualify for coverage and which circumstances constitute death in the line of duty.
- 15 (6) Office of Inspector General, Cabinet for Health Family 16 Services Kentucky Board of Emergency Medical Services shall promulgate 17 administrative regulations establishing the criteria and procedures applicable to the 18 administration of this section as it pertains to emergency medical services 19 personnel, including but not limited to which employees or volunteers qualify for 20 coverage and which circumstances constitute death in the line of duty.
- 21 (7) The Department of Military Affairs shall promulgate administrative regulations 22 establishing the criteria and procedures applicable to the administration of this 23 section as it pertains to National Guard or Reserve component members, including 24 but not limited to defining which National Guard or Reserve component members 25 qualify for coverage and which circumstances constitute death in the line of duty.
- 26 (8) The estate of anyone whose spouse or surviving children would be eligible for 27 benefits under subsection (2) of this section, and the estate of any regular member

1		of th	ne IIn	ited States Armed Forces who names Kentucky as home of record for
				·
2		mılıt	tary p	urposes whose death occurs as a direct result of an act in the line of duty,
3		shall	be ex	kempt from all probate fees, including but not limited to those established
4		by the	he Su	preme Court of Kentucky pursuant to KRS 23A.200 and 24A.170, or
5		impo	osed u	nder KRS 24A.185, 64.012, and 172.180.
6	(9)	The	benef	its payable under this section shall be in addition to any benefits now or
7		here	after ]	prescribed under any police, sheriff, firefighter's, volunteer firefighter's,
8		eme	rgency	y medical services personnel, or National Guard or Reserve retirement or
9		bene	fit fu	nd established by the federal government or by any state, county, or any
10		mun	icipal	ity.
11	(10)	Any	funds	s appropriated for the purpose of paying the death benefits described in
12		subs	ection	(2) of this section shall be allotted to a self-insuring account. These
13		fund	s shal	l not be used for the purpose of purchasing insurance.
14	(11)	(a)	For	the purposes of this section, if a firefighter dies as a result of cancer, the
15			deatl	h shall be a direct result of an act in the line of duty if the firefighter:
16			1.	Was a firefighter for at least five (5) consecutive years;
17			2.	Developed one (1) or more of the cancers listed in paragraph (b) of this
18				subsection which caused the firefighter's death within ten (10) years of
19				separation from service as a firefighter;
20			3.	Did not use tobacco products for a period of ten (10) years prior to the
21				diagnosis of cancer;
22			4.	Was under the age of sixty-five (65) at the time of death;
23			5.	Was not diagnosed with any cancer prior to employment as a firefighter;
24				and
25			6.	Was exposed while in the course of firefighting to a known carcinogen
26				as defined by the International Agency for Research on Cancer or the
27				National Toxicology Program, and the carcinogen is reasonably

1				associated with one (1) or more of the cancers listed in paragraph (b) of
2				this subsection.
3		(b)	This	section shall apply to the following cancers:
4			1.	Bladder cancer;
5			2.	Brain cancer;
6			3.	Colon cancer;
7			4.	Non-Hodgkin's lymphoma;
8			5.	Kidney cancer;
9			6.	Liver cancer;
10			7.	Lymphatic or haematopoietic cancer;
11			8.	Prostate cancer;
12			9.	Testicular cancer;
13			10.	Skin cancer;
14			11.	Cervical cancer; and
15			12.	Breast cancer.
16		(c)	1.	The provisions of this subsection creating an entitlement to the line of
17				duty death benefits shall apply exclusively to this section and shall not
18				be interpreted or otherwise construed to create either an express or
19				implied presumption of work-relatedness for any type of claim filed
20				pursuant to KRS Chapter 342.
21			2.	This paragraph is intended to provide clarification regarding the sole and
22				exclusive application of this subsection to only the benefits available
23				under this section and shall not be used as a bar or other type of
24				limitation to impair or alter the rights and ability of a claimant to prove
25				work-relatedness under KRS Chapter 342 or other laws.
26		<b>→</b> S	ection	42. KRS 65.7623 is amended to read as follows:
27	(1)	The	re is h	ereby created the Kentucky 911 Services Board, the "board," consisting of

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1	seven (	(7)	) members	as	follows:

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- 2 The executive director of the Office of Homeland Security; (a)
- 3 The secretary of the Public Protection Cabinet; (b)
- 4 (c) One (1) elected city official of a city government appointed by the Kentucky 5 League of Cities;
- 6 (d) One (1) elected county official of a county government appointed by the Kentucky Association of Counties;
  - (e) One (1) director of a certified PSAP operated by a local government entity or a consolidated group of local government entities who previously served on the 911 Services Advisory Council and is not an elected official, to be appointed jointly by the Kentucky Association of Public-Safety Communications Officials and the Kentucky Emergency Number Association;
  - (f) One (1) member representative of a county or city government appointed by the Governor from a list of three (3) names submitted by the Kentucky League of Cities or Kentucky Association of Counties. The Kentucky League of Cities and the Kentucky Association of Counties shall alternate in providing a list of names to the Governor every two (2) years, and the selected member representative shall serve for a two (2) year term and may be an elected city or county official; and
  - One (1) member appointed by the Governor who shall be employed by or representative of the interest of CMRS providers. The member representing the interests of CMRS providers shall serve for a two (2) year term, and shall alternate between representing a Tier I provider and a Tier III provider.
  - The executive director of the Office of Homeland Security and secretary of the (2) Public Protection Cabinet shall serve by virtue of their offices. The members appointed under subsection (1)(c) to (e) of this section shall be appointed for a term of four (4) years and until their successors are appointed and qualified. Members

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(4)

appointed under subsection (1)(f) and (g) of this section shall serve for a term of two (2) years. Members appointed under subsection (1)(c) to (g) of this section may only serve as long as the appointee holds the office or position he or she held at the time of his or her appointment. Any vacancy on the board shall be filled in the same manner as the original appointment and shall be for the remainder of the unexpired term.

- (3) No member of the board shall be held to be a public officer by reason of membership on the board. The elected city and county officials appointed under subsection (1) of this section shall each serve on the board in an ex officio voting capacity by virtue of their respective elected offices as long as they continue to occupy their local elected positions during their term as a board member. Their duties as members of the board shall be an extension of their duties as local elected officials and their service on the board shall not constitute the holding of a separate and distinct public office apart from their respective local elected positions.
  - The executive director of the Office of Homeland Security shall serve as chair and preside over meetings of the board, which shall be conducted at least four (4) times each year. In the absence of the executive director of the Office of Homeland Security, the board may be chaired by any other member of the board selected by the remaining members. The board shall be subject to the provisions of the Kentucky Open Meetings Act, KRS 61.805 to 61.850. The board shall establish a regular meeting schedule for each calendar year. The board shall hold at least two (2) meetings per calendar year in congressional districts other than the one in which Frankfort is located, and shall rotate its traveling meeting locations among the congressional districts before holding another traveling meeting in the same congressional district. A majority of the members appointed to the board shall constitute a quorum.
- (5) In addition to the administrator appointed by the executive director of the Office of

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Homeland Security under KRS 65.7625, the Office of Homeland Security shall
provide staff services, office space, and other resources necessary to conduct its
affairs. The board shall be attached to the Office of Homeland Security for
administrative purposes but shall operate as an independent entity within state
government.

- 6 (6) The board members shall serve without compensation but shall be reimbursed in accordance with KRS 45.101 for expenses incurred in connection with their official duties as members of the board.
  - (7) All administrative costs and expenses incurred in the operation of the board, including payments under subsections (5) and (6) of this section and KRS 65.7625, shall be paid as reimbursement to the Office of Homeland Security from that portion of the CMRS fund that is authorized under KRS 65.7631(2) to be used by the board for administrative purposes. Expenses for personnel, equipment, or facilities that serve multiple functions or purposes shall be prorated. Only those costs for services directly involved in the coordination and administration of duties related to the CMRS emergency telecommunications function shall be eligible for payment using the funds provided in KRS 65.7631(2).
- 18 (8) Prior to June 1 of each year, the Office of Homeland Security shall submit a budget
  19 detailing all projected administrative and operational expenses for the subsequent
  20 fiscal year to be used by the board in establishing the board's budget for the
  21 upcoming fiscal year.
- 22 (9) The board shall be advised by a permanent advisory council with members 23 appointed by the executive director of the Office of Homeland Security. The 24 members of the advisory council shall represent the interests of the 911 community 25 and shall, at a minimum, include a representative from each of the following 26 organizations:
- 27 (a) 1. The Department of Kentucky State Police;

1			2.	The l	Kentucky	She	riffs' Associ	ation;				
2			3.	The l	Kentucky	/ Ass	ociation of	Chiefs of Po	olice;			
3			4.	The l	Kentucky	/ Fire	Chiefs Ass	ociation;				
4			5.	The l	Kentucky	/ Am	bulance Pro	viders Asso	ciation;			
5			6.	The l	Kentucky	Lea	gue of Citie	s;				
6			7.	The l	Kentucky	/ Ass	ociation of	Counties;				
7			8.	The l	Departme	ent of	f Criminal J	ustice Train	ing; and			
8			9.	The	<u>Office</u>	of	Inspector	General,	Cabinet	for	Health	and
9				Fam	ily[Kentu	ıcky	Board of Er	nergency M	<del>edical]</del> Sei	vices	;	
10		(b)	The	Kentu	cky Asso	ociati	on of Public	-Safety Co	nmunicati	ons O	fficials ar	nd the
11			Kent	tucky	Emergen	cy N	lumber Ass	ociation, ea	ch appoint	ed by	the exec	cutive
12			direc	ctor of	the Off	ice o	of Homeland	d Security 1	from a list	of th	ree (3) n	ames
13			subn	nitted	by both o	organ	izations; an	d				
14		(c)	Any	other	member	s sel	ected by the	executive	director w	ho are	e familiar	with
15			PSA	Ps, 1	public	finan	ces, share	d governi	nental se	ervices	s, emerg	gency
16			man	ageme	nt, comr	nunit	ty crisis res	ponse prepa	aration, or	the ir	nterests o	f 911
17			servi	ice stal	keholder	s.						
18		<b>→</b> S	ection	43. ]	KRS 75A	x.020	is amended	to read as f	follows:			
19	(1)	A no	ew co	nsolid	ated eme	ergen	cy services	district mag	y be forme	ed by	one (1) o	of the
20		follo	wing	proces	sses:							
21		(a)	The	board	of:							
22			1.	Any	two (2)	or n	more fire pr	rotection di	stricts esta	ıblishe	ed under	KRS
23				Chap	oter 75 or	273	, any specia	l district wl	nose servic	es are	subject t	to the
24				licen	sure prov	visior	ns of KRS (	Chapter <u>216</u>	<u><b>B</b>[311A],</u> (	or any	rescue so	quads
25				estab	lished ur	nder l	KRS Chapte	er 39F; or				
26			2.	Any	fire prote	ectio	n districts e	stablished ı	ınder KRS	Chap	oter 75 or	273,
27				any s	pecial di	strict	t whose serv	rices are sub	ject to the	licens	sure provi	isions

(2)

of KRS Chapter <u>216B</u>[311A], or any rescue squads established under KRS Chapter 39F that have merged within the five (5) years prior to the adoption of this section that would have been eligible to consolidate under the provisions of this section;

- 3. May adopt resolutions agreeing to the formation of a consolidated emergency services district and requesting the creation of a consolidated emergency services district. The governing bodies shall notify the county fiscal court, consolidated local government, charter county government, or unified local government with jurisdiction over the proposed district and request the formation of a consolidated emergency services district; or
- (b) The board of any two (2) or more consolidated emergency service districts established under this chapter may adopt resolutions agreeing to the merger of consolidated emergency services districts and requesting the creation of a new consolidated emergency services district. The governing bodies shall notify the county fiscal court, consolidated local government, charter county government, or unified local government with jurisdiction over the proposed district and request the formation of a new consolidated emergency services district.
- (a) Any county fiscal court, consolidated local government, charter county government, or unified local government, upon receipt of a request from two (2) or more fire protection districts, special districts whose services are subject to the licensure provisions of KRS Chapter 216B[311A], or rescue squads established under KRS Chapter 39F, may create a consolidated emergency services district in their jurisdiction by adoption of an ordinance approving the establishment of a consolidated emergency services district and authorizing any relevant fire protection district to join if its governing authority has

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1 approved it to join the consolidated district.

(b) The ordinance shall describe the boundaries by metes and bounds and name for the consolidated district. No consolidated emergency services district shall take effect less than sixty (60) days from completing the required elements outlined in this section.

- (c) The county fiscal court, consolidated local government, charter county government, or unified local government clerk shall notify all planning commissions, cities, and area development districts within whose jurisdiction the approved service area is located and any state agencies required by law to be notified of the proposal for the creation of the taxing district within thirty (30) days from adoption of the ordinance authorizing creation of the district.
- (d) The creation of a consolidated emergency services taxing district shall be of legal effect only after adoption of an ordinance creating the taxing district and after a certified copy of the ordinance creating the taxing district is filed with the county clerk.
- (e) Any aggrieved person may bring an action in the Circuit Court having jurisdiction of that county to contest the decision of the county fiscal court or legislative body of the county to establish a consolidated emergency services district or to protest the inclusion of any county, consolidated local government, charter county government, unified local government, fire protection district or volunteer fire department district established pursuant to KRS Chapter 75 or 273, any special district whose services are subject to the licensure provisions of KRS Chapter 216B[311A], or any rescue squad established pursuant to KRS Chapter 39F within a consolidated emergency services district.
- (3) (a) If the governing body of any fire protection district established under KRS Chapter 75 or 273, any special district whose services are subject to the

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licensure provisions of KRS Chapter 216B[311A], or any rescue squad established under KRS Chapter 39F desires to have its district become part of an established consolidated emergency services district after the creation of the district, it shall by motion so record its desire in the minutes of the board, in the case of any fire protection district, any emergency medical services special district, or any rescue squad. The board shall convey this request to the consolidated emergency service district's board. Within sixty (60) days of receiving the request the consolidated emergency service district's board shall vote upon this request. The approval shall be certified to the clerk of the county, consolidated local government, charter county government, or unified local government in the jurisdiction in which the consolidated district is located.

- (b) The approval of the addition of a district to the consolidated emergency services district shall become effective upon the adoption of an ordinance amending the ordinance creating the consolidated emergency services district by the county fiscal court, consolidated local government, charter county government, or unified local government and authorizing the inclusion of the petitioning fire protection district. The amended ordinance shall identify the boundaries by metes and bounds of the amended consolidated emergency services district.
- → Section 44. KRS 75A.050 is amended to read as follows:
- 22 (1) (a) Upon the creation of a district, the trustees of a district are authorized to 23 provide fire services, emergency medical services subject to KRS Chapter 24 216B[311A], or rescue services pursuant to KRS Chapter 39F, as provided in 25 paragraph (c) of this subsection, and to levy a tax upon the property in the 26 district.
  - (b) The property taxed shall be subject to county tax, and the tax levied by the

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board upon creation of the district shall be approved by the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district at the time of passage of the ordinance creating the district. The tax shall not exceed ten cents (\$0.10) per one hundred dollars (\$100) of valuation as assessed for county taxes, for the purpose of defraying the expenses for the provision of fire services or rescue services. The rate set in this subsection shall apply, notwithstanding the provisions of KRS 132.023.

- (c) The district that establishes and operates an emergency ambulance service and is the primary service provider in the district may levy a tax upon the property in the district. The tax to be levied shall be proposed by the board, shall be approved by the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district and the tax shall not exceed twenty cents (\$0.20) per one hundred dollars (\$100) of valuation as assessed for county taxes, for the purpose of defraying the expenses of the provision of fire services, emergency medical services, or rescue service, or to make contracts for fire protection for the districts as provided in KRS 75.050. The rate set in this subsection shall apply, notwithstanding KRS 132.023.
- (d) 1. Any increase of the total tax levy beyond the rate initially approved by the board and authorized by the county fiscal court, consolidated local government, charter county government, or unified local government shall be subject to KRS 132.023. Any increase in excess of the annual compensating rate for the consolidated emergency services district shall require the approval of the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district. If at any time an election resulting

from a recall petition pursuant to KRS 132.017 is required, the question shall be presented to all voters in every precinct for which any part of the precinct is served by the district subject to the recall petition.

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- 2. If two (2) or more established consolidated emergency services merge to create a new consolidated emergency services district, as authorized in this chapter, the initial tax to be levied, as proposed by the board, shall be approved by the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district, and the initial tax levied shall not exceed the highest tax rate currently levied by one (1) of the merging districts. Any increase to the initial tax rate shall be subject to KRS 132.023. Any increase in excess of the annual compensating rate for the consolidated emergency services district shall require the approval of the county fiscal court, consolidated local government, charter county government, or unified local government having jurisdiction over the district. If at any time an election resulting from a recall petition pursuant to KRS 132.017 is required, the question shall be presented to all voters in every precinct for which any part of the district serves.
- (2) The property valuation administrator of the county in which the district is created, with the cooperation of the board, shall note on the tax rolls the taxpayers and valuation of the property subject to such assessment. The county clerk shall compute the tax on the regular state and county tax bills in such manner as may be directed by regulation of the Department of Revenue.
- (3) These taxes shall be subject to the same delinquency date, discounts, penalties, and interest as are applied to the collection of ad valorem taxes and shall be collected by the sheriff of the county involved and accounted for to the treasurer of the district. The sheriff shall be entitled to a fee of the amount collected by him. The fiscal court

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shall, in the ordinance set forth in subsection (2) of this section and in consultation with the sheriff and the consolidated emergency services district, set a collection fee for the sheriff in an amount not to exceed four and one-fourth percent (4.25%).

- 4 → Section 45. KRS 75A.090 is amended to read as follows:
- 5 (1) The district may, through the board, make and enter into contracts with any other 6 fire protection district, fire prevention district, municipal corporation, volunteer fire 7 department, volunteer fire prevention unit, volunteer fire protection unit, any special 8 district whose services are subject to the licensure provisions of KRS Chapter 9 216B[311A], or any rescue squads established under KRS Chapter 39F, either 10 within the same county or within an adjoining county in an area adjacent to the 11 boundary line between the counties, for the furnishing or receiving of emergency 12 services for all property within the confines of the area included in and covered by 13 the contract or contracts, where these emergency services are not otherwise 14 provided by some division of government or governmental agency.
- 15 (2) The personnel acting in their official capacities and equipment of a contracting
  16 party, in going to and returning from an emergency, or in answering and responding
  17 to a false alarm or call, and while endeavoring to provide emergency services within
  18 the area covered by the contract, shall be deemed and is declared to be engaged in
  19 the exercise of a governmental function.
- 20 Section 46. KRS 75A.120 is amended to read as follows:
- 21 (1) As used in this section, unless the context requires otherwise:
- 22 (a) "Board" means the board of trustees a consolidated emergency services 23 district organized under this chapter;
- 24 (b) "Chairman" means the chairman of the board of a consolidated emergency 25 services district organized under this chapter;
- 26 (c) "Chief" means the chief of the consolidated emergency services district 27 organized under this chapter;

(d) "Consolidated emergency services district" means districts organized under this chapter;

(e) "Dismissal" means the discharge of an employee by lawful authority;

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- (f) "Employees" means all persons employed, and paid wages, salary, or other compensation for emergency services performed, by the board of trustees of a consolidated emergency services district organized under this chapter. The term "employees" does not include any individual who is a volunteer as defined in paragraph (n) of this subsection.
  - (g) "Member" shall include the chief and all officers; all providers of emergency services, including volunteer, paid, regular, and all employees, or special firefighters; of a consolidated emergency services district organized under this chapter;
  - (h) "Paid emergency service worker" means all personnel who are employees of the consolidated emergency services district organized under this chapter involved in the provision of emergency medical services subject to the licensure provisions of KRS Chapter <u>216B[311A]</u> or the provision of rescue services pursuant to KRS Chapter 39F;
  - (i) "Paid firefighters" means all firefighters who are employees of the consolidated emergency services district organized under this chapter;
  - (j) "Regular firefighters" means all firefighters who are members of a consolidated emergency services district organized under this chapter, except for special firefighters appointed by the chairman of the board of trustees pursuant to KRS 75.110;
- (k) "Salary" and "wages" mean any compensation received by an employee by reason of his employment for services performed for a consolidated emergency services district organized under this chapter;
- 27 (l) "Suspension" means the separation of an employee from the service for a

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1		temporary	or	fixed	period	of	time,	by	his	appointin	g authorit	y, a	ıs	a
2		disciplinary	/ me	easure;										
3	(m)	"Trustees"	mea	ans the	board o	of tr	ustees	of a	con	solidated o	emergency	serv	ice	èS

- (m) "Trustees" means the board of trustees of a consolidated emergency services district organized under this chapter; and
- (n) "Volunteer" means any person who is a member of a consolidated emergency services district organized under this chapter who volunteers to provide services for the district, if the individual receives no salary, wages, or other compensation for services performed, or if the individual is paid expenses, reasonable benefits, or a nominal fee to perform the services for which the individual volunteered, and the services are not the same type of services which the individual is employed to perform for the consolidated emergency services district organized under this chapter.
- (2) (a) The chairman may, if in his or her discretion there is a case of need, appoint special firefighters to do special duties at any place within the limits of the consolidated emergency services district, on terms he or she deems proper.
  - (b) These special firefighters shall be governed by rules as the board may provide, and be given the powers the board may provide, including the powers enumerated in KRS 75.160 in the discretion of the board; if rules are not provided they shall be deemed to have the powers and duties of regular firefighters.
- 21 (3) (a) Except as provided in subsection (4) of this section no member or employee of a consolidated emergency services district shall be reprimanded, dismissed, suspended, or reduced in grade or pay for any reason except inefficiency, misconduct, insubordination, or violation of law or of the rules adopted by the board the district, and only after charges are preferred and a hearing conducted as provided in this section.
  - (b) Any person may file charges against a member or employee of the district by

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filing them with the secretary of the board and by delivering or mailing the charges to the principal offices of the district. The secretary shall immediately communicate the charges to the board by mailing or delivering a copy of the charges to each member of the board within seven (7) days of receipt of the charges at the principal fire house. The chairman shall, after conducting or having conducted any inquiry or investigation which may be necessary, determine if probable cause appears. The chairman shall prefer charges to the board against any member or employee, against whom probable cause exists, of conduct justifying the dismissal or punishment of the member or employee. If probable cause does not exist, the chairman shall dismiss the charges. All charges shall be written and shall set out clearly the charges made. The person filing the charges may withdraw them at any time before the conclusion of the hearing. The charges may then be dismissed.

(c) Charges preferred by the chairman shall be heard by either the full board or a committee consisting of at least three (3) members of the board appointed by the chairman. At the hearing all charges shall be considered, and the trial shall be confined to matters related to the issues presented. Within forty-five (45) days after the charges have been preferred by the chairman to the board, that body, or a committee consisting of at least three (3) members of the board appointed by the chairman, shall proceed to hear the charges. At least ten (10) days before the hearing the member or employee accused shall be served personally or by registered mail with a copy of the charges and a statement of the day, place, and hour at which the hearing of the charges will begin. The person accused may, in writing, waive the service of charges and demand trial within thirty (30) days after the charges are preferred to the board.

(d) The board of the district may summon and compel attendance of witnesses at hearings by subpoena issued by the secretary of that body and served upon the

witnesses by any officer authorized to serve court subpoenas. If any witness fails to appear in response to a summons, or refuses to testify concerning any matter on which he may lawfully be interrogated, any District Judge, on application of the board, may compel obedience by proceedings for contempt, as in the case of disobedience of a subpoena issued from the District Court. The member or employee accused may have subpoenaed any witnesses he or she may desire, upon furnishing their names to the secretary of the board. The written records of the charges, the hearing, if held, and any other actions or decisions of the board on the charges shall be kept as an open public record and maintained as required by KRS Chapter 61.

- (e) When the board or the chief of the district has probable cause to believe a member or employee of a district has been guilty of conduct justifying dismissal or punishment, the board or the chief may suspend the member or employee from duty or from both pay and duty, pending trial, and the member or employee shall not be placed on duty, or allowed pay, until the charges are heard. If the member is suspended, there shall be no continuances granted without the consent of the member or employee accused. If the member suspended is a paid firefighter or an employee, the hearing on the charges shall be conducted within fourteen (14) days after the charges have been preferred by the chairman of the board.
- (f) The board of the district shall fix the punishment of a member or employee of the district found guilty, by a reprimand, suspension for any length of time not to exceed six (6) months, by reducing the grade if the accused is an officer, or by combining any two (2) or more of those punishments, or by dismissal as a member or employee of the district.
- (4) (a) Any member or employee of the district found guilty by the board of the district of any charge, as provided by KRS 75.130, may appeal to the Circuit

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Court of the county in which the district is located, but the enforcement of the judgment of the district shall not be suspended pending appeal. The notice of the appeal shall be filed not later than thirty (30) days after the date the board of the district makes its determination on the charge.

- (b) Upon request of the accused, the secretary of the board shall file a certified copy of the charges and the judgment of the board in the Circuit Court. Upon the transcript being filed, the case shall be docketed in the Circuit Court and tried as an original action.
- (c) If the secretary of the board fails to certify the transcript to the Circuit Court within thirty (30) days after the request is made, the party aggrieved may file an affidavit in the Circuit Court setting out as fully as possible the charges made, the time of the hearing, and the judgment of the board, together with a statement that demand for transcript was made upon the secretary of the board more than thirty (30) days before the filing of the affidavit. Upon the filing of the affidavit in the Circuit Court, the case shall be docketed and the Circuit Court may compel the filing of the transcript by the secretary of the board by entering the proper mandatory order, and by fine and imprisonment for contempt. The appeal shall have precedence over other business, and be determined speedily.
- (d) An appeal will lie from the judgment of the Circuit Court to the Court of Appeals as in other cases.
- 22 (5) (a) No person shall be appointed a member of the district on account of any political service, contribution, sentiment, or affiliation. No member shall be dismissed, suspended, or reduced in grade or pay for any political opinion.
  - (b) Members and employees of the district, while off duty and out of uniform, shall be entitled to:
    - 1. Place political bumper stickers on their privately owned vehicles;

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2.	Wear politica	l buttons:

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- 2 3. Contribute money to political parties, political candidates, and political groups of their choice;
  - 4. Work at the polls on election days;
  - 5. Aid in the registration or purgation of voters;
- 6. Become members of political groups; and
- 7. Hold office in political groups and carry out the mandates of that group.
  - (6) (a) The chief in the district shall attend all sessions of the board, except executive sessions, and shall execute all the orders of the board. Whenever "chief" is used in this chapter, it shall include the assistant chief when the chief is not on duty.
    - The regular members of the district, except volunteer members, shall have the (b) same powers of arrest as now given by law to sheriffs of this Commonwealth and they are hereby expressly declared conservators of the public peace whose duties, in addition to their other prescribed duties, are to conserve the peace, enforce all laws and preserve order, and they shall have and are hereby expressly given the same right and the same power to arrest, search, and seize as is now given by law to sheriffs of this Commonwealth, and they shall be at all times subject to the orders of the county judge/executive in which the district lies while enforcing this section. Provided, however, that members of these fire departments shall not have the power to serve subpoenas, summonses, and notices in civil cases and they shall receive no fees for performing any of the duties prescribed in this section as pertains to powers of law enforcement. The members shall constitute a law enforcement agency in addition to the patrol and investigation functions of the sheriff and his deputies under KRS 75.150 to 75.170.
  - (7) (a) Each member of the district shall, before entering upon the discharge of his or

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(b)

(8)

her various duties, take an oath before the county judge/executive of the county or a notary public, to faithfully discharge his duties, and the oath shall be subscribed by the person taking it and filed in the minute book kept by the secretary of the board.

- (b) Each member of the district shall give such bond as the board may designate and with a surety as required by the board conditioned upon faithful performance of the member's duties.
- (a) The chief, assistant chief, or highest officer present at the fires answered by his or department shall investigate their causes. He or she may examine witnesses, compel the testimony of witnesses, administer oaths, compel production of evidence, and make arrests as provided in KRS 75.160. He or she may enter any building at all reasonable times for the purpose of examining the building if, in his or her opinion the building is in danger of fire. He shall report his or her findings, when requested, to the board, Kentucky Inspection Bureau, and state fire marshal.
  - The chief of the district shall direct and control the operation of the district and the control of the members in the discharge of their duties. He or she, and members of the district, shall have access to and the use of all cisterns, fireplugs, the waters of the waterworks of private persons and cisterns of private persons for the purpose of extinguishing fires and shall have the power to examine these water supplies at all reasonable times to see that they are in condition for use in case of fire. The chief shall have control of all hoses, buildings, engines, and other emergency equipment provided for the district under direction of the board, or those authorized by the board to exercise this direction, and shall perform such other duties prescribed by the board not inconsistent with law. Upon application within ten (10) days to the board, any owner of property where water is used for firefighting or the provision of

1	other emergency services shall be reimbursed in a reasonable amount by the
2	board for water used.

- The secretary of the board shall keep a minute book, appropriately bound and marked, in which the minutes of each meeting of the board shall be kept, together with all resolutions, tax levies, and other important material the board may designate. A copy of all material required to be kept by the secretary shall be kept on file in the office of the clerk of the county containing the district. The public shall have the right to inspect the book and its contents at all times.
- 9 (10) (a) The board may, in its discretion, employ or retain a regularly licensed attorney to advise them on all matters pertaining to their duties and shall have the discretion to delegate this authority to the attorney. This attorney shall attend all meetings of the board, except executive sessions when the board does not desire his or her presence, whenever the board shall request him or her to attend and shall advise the board on all legal matters on which he or she is requested to give advice.
  - (b) In addition to the attorney provided for in this subsection, the county attorney in the county in which the district lies shall advise and represent the board in all matters and on the occasions chosen by the board whenever the board so requests.
  - (c) The board may fix the salary or compensation of the attorney provided for in subsection (1) of this section, in their discretion.
- 22 (11) With respect to audits and financial reports, the board of the district shall follow the 23 procedures of KRS 65.065.
- → Section 47. KRS 95A.020 is amended to read as follows:

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- 25 (1) As used in this section, "chief fire officer" means an individual who plays an essential role in the administrative structure of his or her fire department.
- 27 (2) There is hereby created the Kentucky Fire Commission, hereinafter called

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1		"commission," which shall be attached to the Kentucky Community and Technical
2		College System for administrative purposes only.
3	(3)	(a) The commission shall include male, female, and racial minority
4		representation.
5		(b) No more than three (3) appointed members shall reside in the same
6		congressional district.
7	(4)	The commission shall be composed of fourteen (14) members, residents of the State
8		of Kentucky, and appointed by the Governor. These members should be persons
9		well qualified by experience or education in the field of fire protection or related
10		fields.
11	(5)	The membership of the commission shall include:
12		(a) One (1) member of a fire department formed under KRS Chapter 75 or 273
13		who is:
14		1. Not a chief fire officer;
15		2. Not a career employee of any department other than the one from which
16		he or she is nominated; and
17		3. Selected from a list of at least three (3) names submitted by the
18		Kentucky Firefighters Association;
19		(b) One (1) member of a volunteer fire department who is:
20		1. Not a chief fire officer;
21		2. Not a career employee of any fire department other than the one from
22		which he or she is nominated; and
23		3. Selected from a list of at least three (3) names submitted by the
24		Kentucky Firefighters Association;
25		(c) One (1) member of a fire department formed under KRS Chapter 95 selected
26		from a list of at list three (3) names submitted by the Kentucky Professional
27		Firefighters:

1		(d)	One (1) chief fire officer of a paid fire department selected from a list of at
2			least three (3) names submitted by the Kentucky Association of Fire Chiefs;
3		(e)	One (1) licensed physician with experience in emergency medicine;
4		(f)	A chief fire officer of a volunteer fire department who is not a career member
5			of any other department, selected from a list of at least three (3) names
6			submitted by the Kentucky Association of Fire Chiefs;
7		(g)	One (1) member of a fire department formed under KRS Chapter 67 or 75, or
8			a fire department in a county containing an urban county government created
9			pursuant to KRS Chapter 67A, who is selected from a list of at least three (3)
10			names submitted by the Kentucky Professional Firefighters;
11		(h)	The director of Homeland Security or his or her designee;
12		(i)	One (1) mayor or other officer of a Kentucky city providing fire services
13			under KRS Chapter 95 selected from a list of at least three (3) names
14			submitted by the Kentucky League of Cities;
15		(j)	One (1) county judge/executive or other officer of a Kentucky county selected
16			from a list of at least three (3) names submitted by the Kentucky Association
17			of Counties;
18		(k)	One (1) representative of a Kentucky building, industry, or safety association;
19		(l)	One (1) representative of the general public who is not an employee of any
20			government or governmental agency;
21		(m)	The state fire marshal or his or her designee; and
22		(n)	One (1) officer of a fire-based emergency medical service selected from a list
23			of at least three (3) names submitted by the Office of Inspector General,
24			Cabinet for Health and Family [executive director of the Kentucky Board of
25			Emergency Medical] Services.
26	(6)	The	vice president of administrative services of the Kentucky Community and
27		Tecl	nnical College System, president of the Kentucky Firefighters Association,

1		president of the Kentucky Professional Firefighters, and president of the Kentucky
2		Association of Fire Chiefs, or their designees, shall serve as nonvoting ex officio
3		members of the commission.
4	(7)	The members of the commission who are firefighters shall possess a minimum of
5		five (5) years of fire service experience and shall be certified with the following:
6		(a) One hundred fifty (150) hours of training for volunteer firefighters; or
7		(b) Four hundred (400) hours of training for professional firefighters.
8	(8)	The Kentucky Firefighters Association, Kentucky Professional Firefighters,
9		Kentucky Association of Fire Chiefs, Office of Inspector General in the Cabinet
10		for Health and Family Services [Kentucky Board of Emergency Medical Services
11		Association], Kentucky League of Cities, and Kentucky Association of Counties
12		shall submit their lists of nominees by November 15 of each year as vacancies
13		occur.
14	(9)	The Governor shall appoint members of the commission to staggered terms not to
15		exceed four (4) years. However, initial appointments shall be appointed as follows:
16		(a) Four (4) members shall serve for two (2) year terms ending November 30,
17		2021;
18		(b) Five (5) members shall serve three (3) year terms ending November 30, 2022;
19		and
20		(c) Five (5) members shall serve four (4) year terms ending November 30, 2023.
21	(10)	After the expiration of the initial appointments, appointive members shall be
22		appointed for a term of four (4) years. Any member chosen by the Governor to fill a
23		vacancy created otherwise than by expiration of term shall be appointed for the
24		unexpired term of the member he or she is chosen to succeed.
25	(11)	When vacancies occur other than by expiration of term and nominations are
26		required, the Governor may request a new list or select an appointee from a
27		previously submitted list. Appointive members shall not serve more than two (2)

1 0	consecutive	four (4	· (	year	terms.
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- 2 (12) A majority of the voting members appointed to the commission shall constitute a
- quorum. The commission shall:
- 4 (a) Meet at least four (4) times per year upon call of the chair, or upon the written
- 5 request of any five (5) members; and
- 6 (b) Annually elect a chair, vice chair, and secretary in accordance with KRS
- 7 95A.030.
- 8 (13) A member of the commission who misses three (3) regular meetings, without the
- 9 approval of the chairman, in one (1) year shall be deemed to have resigned from the
- 10 commission and his or her position shall be deemed to be vacant. As used in this
- subsection, a "year" begins when the first meeting is missed and ends three hundred
- sixty-five (365) days later or when the third meeting is missed, whichever occurs
- first. The Governor shall appoint a similarly qualified person to fill the vacancy
- within ninety (90) days of the vacancy occurring. The failure of a commission
- member to attend a special or emergency meeting shall not result in any penalty. A
- person removed under this subsection shall not be reappointed to the commission
- for at least ten (10) years after removal.
- 18 (14) Members of the commission shall receive no compensation for their services but
- shall be allowed their actual and necessary expenses incurred in the performance of
- their functions.
- → Section 48. KRS 142.301 is amended to read as follows:
- 22 As used in KRS 142.301 to 142.363:
- 23 (1) "Ground ambulance provider" means a Class I, II, or III ground ambulance provider
- described in **Section 6 of this Act**[KRS 311A.030];
- 25 (2) "Assessment" means the Medicaid ambulance service provider assessment
- established in KRS 142.318;
- 27 (3) "Department" means the Department of Revenue;

1	(4)	"Charitable provider" means any provider which does not charge its patients for
2		health-care items or services, and which does not seek or accept Medicare,
3		Medicaid, or other financial support from the federal government or any state
4		government. The collaboration with public hospitals, agencies, or other providers in
5		the delivery of patient care; affiliation with public institutions to provide health-care
6		education; or the pursuit of research in cooperation with public institutions or
7		agencies shall not be considered as the receipt of government support by a
8		charitable provider;
9	(5)	"Dispensing" means to deliver one (1) or more doses of a prescription drug in a

- 9 (5) "Dispensing" means to deliver one (1) or more doses of a prescription drug in a 10 suitable container, appropriately labeled for subsequent administration or use by a 11 patient or other individual entitled to receive the prescription drug;
- 12 (6) "Entity" means any firm, partnership, joint venture, association, corporation, 13 company, joint stock association, trust, business trust, syndicate, cooperative, or 14 other group or combination acting as a unit;
- 15 (7) "Gross revenues" means the total amount received in money or otherwise by a 16 provider for the provision of health-care items or services in Kentucky, less the 17 following:

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- (a) Amounts received by any provider as an employee or independent contractor from another provider for the provision of health-care items or services if:
  - The employing or contracting provider receives revenue attributable to health-care items or services provided by the employee or independent contractor receiving payment; and
- 2. The employing or contracting provider is subject to the tax imposed by KRS 142.303, 142.307, 142.309, 142.311, 142.314, 142.315, 142.316, 142.361, or 142.363 on the receipt of that revenue;
- 26 (b) Amounts received as a grant or donation by any provider from federal, state, 27 or local government or from an organization recognized as exempt from

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1			federal income taxation under Section 501(c)(3) of the Internal Revenue Code
2			for:
3			1. Research; or
4			2. Administrative or operating costs associated with the implementation
5			and operation of an experimental program;
6		(c)	Salaries or wages received by an individual provider as an employee of a
7			charitable provider, the federal government, or any state or local governmental
8			entity;
9		(d)	Salaries or wages received by an individual provider as an employee of a
10			public university for the provision of services at a student health facility; and
11		(e)	Amounts received by an HMO on a fixed, prepayment basis as premium
12			payments;
13	(8)	"Hea	alth-care items or services" means:
14		(a)	Inpatient hospital services;
15		(b)	Outpatient hospital services;
16		(c)	Nursing-facility services;
17		(d)	Services of intermediate-care facilities for individuals with intellectual
18			disabilities;
19		(e)	Physicians' services provided prior to July 1, 1999;
20		(f)	Licensed home-health-care-agency services;
21		(g)	Outpatient prescription drugs;
22		(h)	HMO services;
23		(i)	Regional community services for mental health and individuals with
24			intellectual disabilities;
25		(j)	Psychiatric residential treatment facility services;
26		(k)	Medicaid managed care organization services; and
27		(l)	Supports for community living waiver program services;

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1	(9)	"Health-maintenance organization" or "HMO" means an organization established
2		and operated pursuant to the provisions of Subtitle 38 of KRS Chapter 304;

- 3 (10) "Hospital" means an acute-care, rehabilitation, or psychiatric hospital licensed 4 under KRS Chapter 216B;
- 5 (11) "Hospital services" means all inpatient and outpatient services provided by a
  6 hospital. "Hospital services" does not include services provided by a noncontracted,
  7 university-operated hospital, or any freestanding psychiatric hospital, if necessary
  8 waivers are obtained by the Cabinet for Human Resources, Cabinet for Health
  9 Services, or Cabinet for Health and Family Services from the Health Care Financing
  10 Administration or Centers for Medicare and Medicaid Services, or hospitals
- 12 (12) "Health and family services secretary" means the secretary of the Cabinet for Health 13 and Family Services or that person's authorized representative;

operated by the federal government;

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- 14 (13) "Inpatient hospital services," "outpatient hospital services," "intermediate-care15 facility services for individuals with intellectual disabilities," "physician services,"
  16 "licensed home-health-care-agency services," and "outpatient prescription drugs"
  17 have the same meaning as set forth in regulations promulgated by the Secretary of
  18 the Department of Health and Human Services and codified at 42 C.F.R. pt. 440, as
  19 in effect on December 31, 1993;
- 20 (14) "Medicaid" means the state program of medical assistance as administered by the Cabinet for Health and Family Services in compliance with 42 U.S.C. sec. 1396;
- 22 (15) "Nursing-facility services" means services provided by a licensed skilled-care 23 facility, nursing facility, nursing home, or intermediate-care facility, excluding 24 services provided by intermediate-care facilities for individuals with intellectual 25 disabilities and services provided through licensed personal care beds;
- 26 (16) "Person" means any individual, firm, partnership, joint venture, association, 27 corporation, company, joint stock association, estate, trust, business trust, receiver,

1 trustee, syndicate, cooperative, assignee, governmental unit or agency, or any other

- 2 group or combination acting as a unit and the legal successor thereof;
- 3 (17) "Provider" means any person receiving gross revenues for the provision of health-
- 4 care items or services in Kentucky, excluding any facility operated by the federal
- 5 government;
- 6 (18) "Commissioner" means the commissioner of the Department of Revenue or that
- 7 person's authorized representative;
- 8 (19) "Total bed capacity" means the combination of licensed nursing home beds,
- 9 licensed nursing facility beds, and licensed intermediate-care facility beds;
- 10 (20) "Regional community services programs for mental health and individuals with an
- intellectual disability" means programs created under the provisions of KRS
- 12 210.370 to 210.480;
- 13 (21) "Psychiatric residential treatment facility" has the same meaning as provided in
- 14 KRS 216B.450; and
- 15 (22) "Supports for Community Living Waiver Program" has the same meaning as
- 16 provided in KRS 205.6317.
- → Section 49. KRS 189.910 is amended to read as follows:
- 18 (1) As used in KRS 189.920 to 189.950, "emergency vehicle" means any vehicle used
- 19 for emergency purposes by:
- 20 (a) The Department of Kentucky State Police;
- 21 (b) A public police department;
- 22 (c) The Department of Corrections;
- 23 (d) A sheriff's office;
- (e) A rescue squad;
- 25 (f) An emergency management agency if it is a publicly owned vehicle;
- 26 (g) An ambulance service, mobile integrated healthcare program, or medical first
- 27 response provider licensed by the <u>Office of Inspector General, Cabinet for</u>

1			<u>Health and Family</u> [Kentucky Board of Emergency Medical] Services, for any
2			vehicle used to respond to emergencies or to transport a patient with a critical
3			medical condition;
4		(h)	Any vehicle commandeered by a police officer;
5		(i)	Any vehicle with the emergency lights required under KRS 189.920 used by a
6			paid or volunteer fireman or paid or volunteer ambulance personnel, or a paid
7			or local emergency management director while responding to an emergency or
8			to a location where an emergency vehicle is on emergency call;
9		(j)	An elected coroner granted permission to equip a publicly or privately owned
10			motor vehicle with lights and siren pursuant to KRS 189.920;
11		(k)	A deputy coroner granted permission to equip a publicly or privately owned
12			motor vehicle with lights and siren pursuant to KRS 189.920; or
13		(1)	A conservation officer of the Kentucky Department of Fish and Wildlife
14			Resources.
15	(2)	As u	ised in KRS 189.920 to 189.950, "public safety vehicle" means public utility
16		repai	ir vehicle; wreckers; state, county, or municipal service vehicles and
17		equi	pment; highway equipment which performs work that requires stopping and
18		stanc	ding or moving at slow speeds within the traveled portions of highways; and
19		vehic	cles which are escorting wide-load or slow-moving trailers or trucks.
20		<b>→</b> Se	ection 50. KRS 205.5602 is amended to read as follows:
21	(1)	For p	ourposes of this section and KRS 205.5601 and 205.5603:
22		(a)	"Ground ambulance provider" means a Class I, II, or III ground ambulance
23			provider described in <u>Section 6 of this Act</u> [KRS 311A.030];
24		(b)	"Assessment" means the Medicaid ambulance service provider assessment
25			imposed in KRS 142.318;
26		(c)	["Board" means the Kentucky Board of Emergency Medical Services;
27		<del>(d)</del>	]"Commissioner" means the commissioner of the Department for Medicaid

1			Services; <del>[ and]</del>
2		<u>(d)</u> [(	(e)] "Department" means the Department for Medicaid Services: and
3		<u>(e)</u>	"Office" means the Office of Inspector General, Cabinet for Health and
4			Family Services.
5	(2)	The	department shall:
6		(a)	Promulgate administrative regulations to establish the standards and
7			procedures necessary to implement the provisions of this section and KRS
8			205.5601 and 205.5603;
9		(b)	Calculate an assessment on emergency ground transport collections pursuant
10			to subsection (3) of this section;
11		(c)	Administer assessment proceeds according to subsection (6) of this section;
12		(d)	Apply uniformly to all assessed ground ambulance providers any annual
13			changes to the assessment rate according to the process described in
14			subsection (3) of this section; and
15		(e)	Evaluate current ground ambulance provider reimbursement rates paid by
16			managed care organizations and require increases consistent with:
17			1. KRS 205.5601 and this section;
18			2. Current fee-for-service reimbursement rates; and
19			3. An adequate network of ambulance service providers.
20	(3)	(a)	The assessment due from a ground ambulance provider on emergency ground
21			transport collections shall be not less than one-half of one percent $(0.5\%)$
22			lower than the maximum limit for a provider assessment as approved by the
23			Centers for Medicare and Medicaid Services.
24		(b)	For illustrative purposes only, if the maximum limit for a provider assessment
25			as approved by the Centers for Medicare and Medicaid Services is six percent
26			(6%) of the emergency revenues collected by the ground ambulance provider,
27			the minimum taxable limit under this section would be five and one-half

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1			percent (5.5%) of the emergency revenues collected.				
2	(4)	The	The assessment shall not generate more than the maximum amount as approved by				
3		the	Centers for Medicare and Medicaid Services.				
4	(5)	(a)	1. Within ninety (90) days after July 15, 2020, the commissioner shall				
5			determine whether a state plan amendment or an amendment to any				
6			Kentucky federal Medicaid waiver is required to implement this section.				
7			2. If the commissioner determines that a state plan amendment or an				
8			amendment to a Kentucky federal waiver is necessary, the commissioner				
9			is authorized to seek any necessary state plan or waiver amendment, and				
10			the assessment shall not take effect until the state plan or waiver				
11			amendment is approved.				
12		(b)	The assessment shall not be implemented until the first day of the calendar				
13			quarter after the Department for Medicaid Services receives notice of federal				
14			matching funds approval from the Centers for Medicare and Medicaid				
15			Services and has notified the Department of Revenue of that approval.				
16		(c)	The commissioner shall implement this section to the extent that it is not				
17			inconsistent with the state Medicaid plan or any Kentucky federal Medicaid				
18			waivers.				
19		(d)	Payments to ground ambulance providers shall begin within ninety (90) days				
20			of the later of the approval of federal matching funds, the state plan, or waiver				
21			amendment. The first monthly assessment payment shall be due sixty (60)				
22			days after the implementation of the enhanced fee schedule.				
23	(6)	The	assessment shall be administered as follows:				
24		(a)	An annual amount of two hundred thousand dollars (\$200,000) shall be				
25			returned to the department to offset the Medicaid administration expenses;				
26		(b)	The remaining portion of the assessment shall:				

 $\begin{array}{c} \text{Page 101 of 148} \\ \text{XXXX} \end{array}$ 

Be utilized to increase the rates paid by a managed care organization for

27

1.

1		emergency ambulance services up to the amount paid by the fee-for-
2		service Medicaid program for emergency ambulance services; or
3		2. Be paid as supplemental payments to ground ambulance providers in a
4		proportional amount according to the total Medicaid ambulance
5		transports; and
6		(c) If any funds are remaining after the department's duties have been completed
7		under paragraph (b) of this subsection, the remaining funds shall be utilized by
8		the department to increase non-emergency medical transport rates.
9	(7)	Each ground ambulance provider shall report to the <u>office</u> [board], at the time and in
10		the manner required by the office [board], ground emergency revenue collected to
11		accomplish the purposes of this section and KRS 205.5603.
12	(8)	(a) No more than one hundred eighty (180) days after the end of each calendar
13		year, the <u>office</u> [board] shall submit to the cabinet transport data for all ground
14		ambulance providers licensed in Kentucky.
15		(b) The data required by paragraph (a) of this subsection shall, at a minimum,
16		include the number of emergency ground transports completed during the
17		previous calendar year and the emergency revenue collected.
18		→ Section 51. KRS 211.332 is amended to read as follows:
19	As u	sed in KRS 211.332 to 211.338, unless context otherwise requires:
20	(1)	"Cabinet" means the Cabinet for Health and Family Services;
21	(2)	"Health care service" means health care procedures, treatments, or services rendered
22		by a provider within the scope of practice for which the provider is licensed or
23		certified and includes physical and behavioral health care;
24	(3)	"Professional licensure board" means a licensure board established in Kentucky for
25		the purpose of regulating and overseeing the practice of health care providers,
26		including but not limited to:
27		(a) Board of Physical Therapy as established in KRS 327.030;

1	(b)	Kentucky Applied Behavior Analysis Licensing Board as established in KRS
2		319C.030;
3	(c)	Kentucky Board of Alcohol and Drug Counselors established by KRS
4		309.081;
5	(d)	Kentucky State Board of Chiropractic Examiners established by KRS
6		312.025;
7	(e)	Kentucky Board of Dentistry established by KRS 313.020;
8	(f)	[Kentucky Board of Emergency Medical Services established by KRS
9		<del>311A.015;</del>
10	<del>(g)</del>	
11	<u>(g)</u> [(]	(h)] Kentucky Board of Licensed Diabetes Educators established by KRS
12		309.329;
13	<u>(h)</u> [(	Kentucky Board of Licensed Professional Counselors established by
14		KRS 335.510;
15	<u>(i)</u> [(j	Kentucky Board of Licensure and Certification for Dietitians and
16		Nutritionists established by KRS 310.040;
17	<u>(j)</u> {(k	Kentucky Board of Licensure for Marriage and Family Therapists
18		established by KRS 335.310;
19	<u>(k)</u> [(	Kentucky Board of Licensure for Occupational Therapy established by
20		KRS 319A.020;
21	<u>(l)</u> [(n	(n) Kentucky Board of Licensure for Professional Art Therapists established
22		by KRS 309.131;
23	<u>(m)</u> [(	(n)] State Board of Medical Licensure established by KRS 311.530;
24	<u>(n)</u> [(	(e) Kentucky Board of Nursing established by KRS 314.121;
25	<u>(o)</u> [(j	(e) Kentucky Board of Optometric Examiners established by KRS 320.230;
26	<u>(p)</u> [(	( <del>q)]</del> Kentucky Board of Pharmacy established by KRS 315.150;
27	<u>(q)</u> [(1	(r) Kentucky Board of Social Work established by KRS 335.050;

1		<u>(r) <del>[ (</del></u>	Kentucky Board of Respiratory Care established by KRS 314A.200; and
2		<u>(s)</u> [(t	Kentucky Board of Speech-Language Pathology and Audiology
3			established by KRS 334A.070;
4	(4)	"Stat	e agency authorized or required to promulgate administrative regulations
5		relati	ing to telehealth" means:
6		(a)	A professional licensure board;
7		(b)	The Cabinet for Health and Family Services;
8		(c)	The Department for Medicaid Services within the Cabinet for Health and
9			Family Services; and
10		(d)	The Department of Insurance within the Public Protection Cabinet; and
11	(5)	"Tele	ehealth" or "digital health":
12		(a)	Means a mode of delivering healthcare services through the use of
13			telecommunication technologies, including but not limited to synchronous and
14			asynchronous technology, remote patient monitoring technology, and audio-
15			only encounters, by a health care provider to a patient or to another health care
16			provider at a different location;
17		(b)	Shall not include:
18			1. The delivery of health care services through electronic mail, text, chat,
19			or facsimile unless a state agency authorized or required to promulgate
20			administrative regulations relating to telehealth determines that health
21			care services can be delivered via these modalities in ways that enhance
22			recipient health and well-being and meet all clinical and technology
23			guidelines for recipient safety and appropriate delivery of services; or
24			2. Basic communication between a health care provider and a patient,
25			including but not limited to appointment scheduling, appointment
26			reminders, voicemails, or any other similar communication intended to
27			facilitate the actual provision of healthcare services either in-person or

1		via telehealth; and
2		(c) Unless waived by the applicable federal authority, shall be delivered over a
3		secure communications connection that complies with the federal Health
4		Insurance Portability and Accountability Act of 1996, 42 U.S.C. secs. 1320d
5		to 1320d-9.
6		→ Section 52. KRS 211.492 is amended to read as follows:
7	For	the purposes of KRS 211.490 to 211.496:
8	(1)	"Trauma" has the same meaning as defined in Section 2 of this Act[KRS
9		<del>311A.010]</del> ;
10	(2)	"Trauma center" means a hospital that has institutional, surgical, and specialty care
11		and commitment to treating individuals with injuries and that has been verified by
12		the American College of Surgeons or by the Department for Public Health; and
13	(3)	"Trauma center verification" means the process by which a trauma center is
14		evaluated and designated as a trauma center by the American College of Surgeons
15		or the Department for Public Health.
16		→ Section 53. KRS 216B.0425 is amended to read as follows:
17	(1)	Except as otherwise provided, for purposes of this section:
18		(a) "Acute care hospital" means a licensed facility providing inpatient and
19		outpatient medical or surgical services to an individual that seeks care and
20		treatment, regardless of the individual's ability to pay for services, on an
21		immediate and emergent basis through an established emergency department
22		and a continuous treatment basis on its premises for more than twenty-four
23		(24) hours; and
24		(b) "Primary stroke center certification," "acute stroke ready hospital
25		certification," and "comprehensive stroke center certification" mean
26		certification for acute care hospitals issued by the Joint Commission, the

American Heart Association, or another cabinet-approved nationally

27

1		recognized organization that provides disease-specific certification for stroke
2		care, that:
3		1. Complies with census-based national standards and safety goals;
4		2. Effectively uses evidence-based clinical practice guidelines to manage
5		and optimize care; and
6		3. Uses an organized approach to measure performance.
7	(2)	The secretary of the Cabinet for Health and Family Services shall designate as a
8		primary stroke center any acute care hospital which has received an acute stroke
9		ready hospital certification, a comprehensive stroke center certification, or a
10		primary stroke center certification.
11	(3)	The secretary shall suspend or revoke an acute care hospital's designation as an
12		acute stroke ready hospital, a comprehensive stroke center, or a primary stroke
13		center if certification is withdrawn by the Joint Commission, the American Heart
14		Association, or another cabinet-approved certifying organization.
15		(4) [(a) ]The cabinet shall maintain a list of certified acute stroke ready
16		hospitals, comprehensive stroke centers, and primary stroke centers and post
17		the list on its Web site. [The cabinet shall provide the list and periodic updates
18		to the Kentucky Board of Emergency Medical Services.
19		(b) The Kentucky Board of Emergency Medical Services shall share the list with
20		each local emergency medical services provider at least annually, and as new
21		centers and hospitals are designated and certified.]
22		→ Section 54. KRS 216B.401 is amended to read as follows:
23	(1)	The secretary of the Cabinet for Health and Family Services shall designate as a
24		SANE-ready hospital any acute care hospital which has certified, and recertifies
25		annually, that a sexual assault nurse examiner as defined in KRS 314.011 is
26		available on call twenty-four (24) hours each day for the examination of persons
27		seeking treatment as victims of sexual offenses as defined by KRS 510.040,

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1 510.050, 510.060, 510.070, 510.080, 510.090, 510.110, 510.120, 510.130, 510.140,

- 2 530.020, 530.064(1)(a), and 531.310.
- 3 (2) The secretary shall suspend or revoke an acute care hospital's designation as a
- 4 SANE-ready hospital if the hospital fails to recertify annually, or if it notifies the
- 5 secretary that it no longer meets the requirements of this section.
- 6 (3) [(a) ]The cabinet shall maintain a list of SANE-ready hospitals and post the list on
- 7 its Web site.[ The cabinet shall provide the list and periodic updates to the
- 8 Kentucky Board of Emergency Medical Services.
- 9 (b) The Kentucky Board of Emergency Medical Services shall share the list with
- 10 each local emergency medical services provider at least annually, and as new
- 11 centers and hospitals are designated and certified.]
- → Section 55. KRS 217.186 is amended to read as follows:
- 13 (1) A licensed health-care provider who, acting in good faith, directly or by standing
- order, prescribes or dispenses the drug naloxone to a person or agency who, in the
- 15 judgment of the health-care provider, is capable of administering the drug for an
- emergency opioid overdose, shall not, as a result of his or her acts or omissions, be
- subject to disciplinary or other adverse action under KRS Chapter 216B, 311,
- 18 <del>[311A, ]</del>314, or 315 or any other professional licensing statute. As used in this
- subsection, "licensed health-care provider" includes a pharmacist as defined in KRS
- 20 315.010 who holds a separate certification issued by the Kentucky Board of
- 21 Pharmacy authorizing the initiation of the dispensing of naloxone under subsection
- 22 (5) of this section.
- 23 (2) A prescription for naloxone may include authorization for administration of the
- 24 drug to the person for whom it is prescribed by a third party if the prescribing
- 25 instructions indicate the need for the third party upon administering the drug to
- 26 immediately notify a local public safety answering point of the situation
- 27 necessitating the administration.

1	(3)	A p	A person or agency, including a peace officer, jailer, firefighter, paramedic, or		
2		eme	rgency medical technician or a school employee authorized to administer		
3		med	ication under KRS 156.502, may:		
4		(a)	Receive a prescription for the drug naloxone;		
5		(b)	Possess naloxone pursuant to this subsection and any equipment needed for its		
6			administration; and		
7		(c)	Administer naloxone to an individual suffering from an apparent opiate-		
8			related overdose.		
9	(4)	A pe	erson acting in good faith who administers naloxone received under this section		
10		shall	be immune from criminal and civil liability for the administration, unless		
11		pers	onal injury results from the gross negligence or willful or wanton misconduct of		
12		the p	person administering the drug.		
13	(5)	(a)	The Board of Pharmacy, in consultation with the Kentucky Board of Medical		
14			Licensure, shall promulgate administrative regulations to establish		
15			certification, educational, operational, and protocol requirements to		
16			implement this section.		
17		(b)	Administrative regulations promulgated under this subsection shall:		
18			1. Require that any dispensing under this section be done only in		
19			accordance with a physician-approved protocol and specify the		
20			minimum required components of any such protocol;		
21			2. Include a required mandatory education requirement as to the		
22			mechanism and circumstances for the administration of naloxone for the		
23			person to whom the naloxone is dispensed; and		
24			3. Require that a record of the dispensing be made available to a physician		
25			signing a protocol under this subsection, if desired by the physician.		

27 1. A supplemental educational or training component for a pharmacist

26

(c)

Administrative regulations promulgated under this subsection may include:

1 seeking certification under this subsection; and

2 2. A limitation on the forms of naloxone and means of its administration that may be dispensed pursuant to this subsection.

- (6) (a) The board of each local public school district and the governing body of each private and parochial school or school district may permit a school to keep naloxone on the premises and regulate the administration of naloxone to any individual suffering from an apparent opiate-related overdose.
  - (b) In collaboration with local health departments, local health providers, and local schools and school districts, the Kentucky Department for Public Health shall develop clinical protocols to address supplies of naloxone kept by schools under this section and to advise on the clinical administration of naloxone.
  - Notwithstanding any provision of law to the contrary, a pharmacist may utilize the protocol established by this section to dispense naloxone to any person or agency who provides training on the mechanism and circumstances for the administration of naloxone to the public as part of a harm reduction program, regardless of whom the ultimate user of the naloxone may be. The documentation of the dispensing of naloxone to any person or agency operating a harm reduction program shall satisfy any general documentation or recording requirements found in administrative regulations regarding legend drugs promulgated pursuant to this chapter.
- → Section 56. KRS 211.494 is amended to read as follows:
  - (1) A comprehensive statewide trauma care program shall be established within the Department for Public Health. The statewide trauma care program shall consist of, at a minimum, a statewide trauma care director and a state trauma registrar funded through available federal funds or, to the extent that funds are available, by the trauma care system fund established in KRS 211.496. The department may contract with outside entities to perform these functions.

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1	(2)	The	The statewide trauma care system shall address, at a minimum, the following goals:					
2		(a)	To reduce or prevent death and disability from trauma without regard to the					
3			patient's insurance coverage or ability to pay for services;					
4		(b)	To provide optimal care for trauma victims by utilization of best practices					
5			protocols and guidelines;					
6		(c)	To minimize the economic impact of lost wages and productivity for trauma					
7			patients; and					
8		(d)	To contain costs of trauma care.					
9	(3)	(a)	The Department for Public Health shall establish an advisory committee to					
10			assist in the development, implementation, and continuation of its duties.					
11		(b)	The advisory committee shall consist of eighteen (18) members to be					
12			appointed by the secretary of the Cabinet for Health and Family Services and					
13			shall be composed of representatives from the following agencies and					
14			organizations:					
15			1. The Department for Public Health;					
16			2. The Kentucky Board of Medical Licensure;					
17			3. The Kentucky Board of Nursing;					
18			4. The Office of Inspector General, Cabinet for Health and					
19			Family [Kentucky Board of Emergency Medical] Services;					
20			5. The Kentucky Medical Association;					
21			6. The Kentucky Hospital Association;					
22			7. The Kentucky Committee on Trauma of the American College of					
23			Surgeons;					
24			8. One (1) representative from each verified Level I trauma center;					
25			9. One (1) hospital representative from a Level II verified trauma center,					
26			one (1) hospital representative from a Level III verified trauma center,					
27			and one (1) hospital representative from a Level IV verified trauma					

1		center. The Kentucky Hospital Association shall submit					
2		recommendations to the secretary for each of the three (3) members					
3		appointed under this subdivision;					
4		10. The Kentucky Chapter of the American College of Emergency					
5		Physicians;					
6		11. The Kentucky Chapter of the Emergency Nurses Association;					
7		12. The Kentucky Transportation Cabinet;					
8		13. Two (2) members at large, one (1) of whom shall be a health care					
9		consumer;					
10		14. One (1) representative with extensive experience in injury prevention					
11		programs; and					
12		15. One (1) representative with pediatric trauma experience.					
13	(c)	Members of the advisory committee shall serve for a period of four (4) years					
14		and shall serve until a successor is appointed, except that initial terms shall be					
15		staggered and one-third (1/3) of the members shall be appointed to four (4)					
16		year terms, one-third (1/3) of the members shall be appointed to three (3) year					
17		terms, and one-third (1/3) of the members shall be appointed for two (2) year					
18		terms.					
19	(d)	The advisory committee shall meet at least on a quarterly basis. The					
20		committee shall elect a chair, a vice chair, and a secretary from among its					
21		members and adopt rules of governance at the first meeting in each fiscal year.					
22		The first meeting of the advisory committee shall occur before September 30,					
23		2008.					
24	(e)	Appointed members shall serve without compensation but may receive					
25		reimbursement for actual and necessary expenses relating to the duties of the					
26		advisory committee in accordance with state regulations relating to travel					
27		reimbursement.					

1		(1)	Expenses associated with the advisory committee shall be paid by the trauma
2			care system fund established in KRS 211.496, to the extent funds are
3			available.
4	(4)	The	statewide trauma care director and the advisory committee shall develop and
5		imp	lement a statewide trauma care system, integrated with the public health system
6		for i	injury prevention, that recognizes levels of care for the appropriate delivery of a
7		full	range of medical services to all trauma patients in the Commonwealth. The
8		state	ewide trauma care system shall include but is not limited to:
9		(a)	Development and implementation of trauma prevention and education
10			initiatives;
11		(b)	Facilitation of appropriate education and continuing education about trauma
12			care and procedures for physicians, nurses, and emergency medical services
13			personnel;
14		(c)	Development and statewide distribution of guidelines and protocols for the
15			care and treatment of trauma victims that include the needs of special
16			populations and are fully integrated with all available resources, including but
17			not limited to emergency medical services, physicians, nurses, and hospitals;
18		(d)	Voluntary hospital trauma center verification through the American College of
19			Surgeons or the Department for Public Health;
20		(e)	Local and regional triage and transport protocols for use by[ the Kentucky
21			Board of Emergency Medical Services,] emergency medical services
22			providers[,] and emergency rooms; and
23		(f)	Continuing quality assurance and peer review programs.
24	(5)	The	Department for Public Health or the statewide trauma care director and the
25		advi	sory committee established in this section shall coordinate activities related to
26		the	care of trauma patients with other state agencies and boards that are directly or
27		indi	rectly involved with care of injured persons. Upon request of the Department for

1	Public Health or the statewide trauma care director, other state agencies and boards
2	shall assist and facilitate the development and implementation of a statewide trauma
3	care system.

- Data obtained through a trauma registry or other data collected pursuant to KRS 211.490 to 211.496 shall be confidential and for use solely by the Department for Public Health, the statewide trauma care director, the advisory committee, and persons or public or private entities that participate in data collection for the trauma registry. Personal identifying information that is collected for use in the trauma registry shall not be subject to discovery or introduction into evidence in any civil action.
- 11 (7) The statewide trauma care director shall report information on the status of the 12 development and implementation of the statewide trauma system upon request.
- 13 (8) The Department for Public Health may promulgate administrative regulations in 14 accordance with KRS Chapter 13A to implement this section.
- **→** Section 57. KRS 281.010 is amended to read as follows:
- 16 As used in this chapter:
- 17 "Automobile club" means a person that, for consideration, promises to assist its (1) 18 members or subscribers in matters relating to the assumption of or reimbursement 19 of the expense or a portion thereof for towing of a motor vehicle; emergency road 20 service; matters relating to the operation, use, and maintenance of a motor vehicle; 21 and the supplying of services which includes, augments, or is incidental to theft or 22 reward services, discount services, arrest bond services, lock and key services, trip 23 interruption services, and legal fee reimbursement services in defense of traffic-24 related offenses;
- 25 (2) "Automobile utility trailer" means any trailer or semitrailer designed for use with 26 and towed behind a passenger motor vehicle;
- 27 (3) "Automobile utility trailer certificate" means a certificate authorizing a person to

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- 1 engage in the business of automobile utility trailer lessor;
- 2 (4) "Automobile utility trailer lessor" means any person operating under an automobile
- 3 utility trailer certificate who is engaged in the business of leasing or renting
- 4 automobile utility trailers, but shall not include the agents of such persons;
- 5 (5) "Broker" means a person selected by the cabinet through a request for proposal
- 6 process to coordinate human service transportation delivery within a specific
- delivery area. A broker may also provide transportation services within the specific
- 8 delivery area for which the broker is under contract with the cabinet;
- 9 (6) "Bus" means a motor vehicle operating under a bus certificate transporting
- passengers for hire between points over regular routes;
- 11 (7) "Bus certificate" means a certificate granting authority for the operation of one (1)
- or more buses;
- 13 (8) "Cabinet" means the Kentucky Transportation Cabinet;
- 14 (9) "Certificate" means a certificate of compliance issued under this chapter to motor
- 15 carriers;
- 16 (10) "Charter bus" means a motor vehicle operating under a charter bus certificate
- providing for-hire intrastate transportation of a group of persons who, pursuant to a
- common purpose under a single contract at a fixed charge for the motor vehicle,
- have acquired the exclusive use of the motor vehicle to travel together under an
- 20 itinerary either specified in advance or modified after having left the place of origin;
- 21 (11) "Charter bus certificate" means a certificate granting authority for the operation of
- one (1) or more charter buses;
- 23 (12) "Commissioner" means the commissioner of the Department of Vehicle Regulation;
- 24 (13) "CTAC" means the Coordinated Transportation Advisory Committee created in
- 25 KRS 281.870;
- 26 (14) "Department" means the Department of Vehicle Regulation;
- 27 (15) "Delivery area" means one (1) or more regions established by the cabinet in

1		administrative regulations promulgated under KRS Chapter 13A for the purpose of
2		providing human service transportation delivery in that region;
3	(16)	"Disabled persons vehicle carrier" means a motor carrier for hire, transporting
4		passengers including the general public who require transportation in disabled
5		persons vehicles;
6	(17)	"Disabled persons vehicle" means a motor vehicle operating under a disabled
7		persons vehicle certificate especially equipped for the transportation of passengers
8		with disabilities in accordance with 49 C.F.R. pt. 38, and is designed or constructed
9		with not more than fifteen (15) regular seats. It shall not mean an ambulance as
10		defined in <u>Section 2 of this Act</u> [KRS 311A.010]. It shall not mean a motor vehicle
11		equipped with a stretcher;
12	(18)	"Disabled persons vehicle certificate" means a certificate granting authority for the
13		operation of one (1) or more disabled persons vehicles transporting passengers for
14		hire;
15	(19)	"Driveaway" means the transporting and delivering of motor vehicles, except
16		semitrailers and trailers, whether destined to be used in either a private or for-hire
17		capacity, under their own power or by means of a full mount method, saddle mount
18		method, the tow bar method, or any combination of them over the highways of this
19		state from any point of origin to any point of destination for hire. "Driveaway" does
20		not include the transportation of such vehicles by the full mount method on trailers
21		or semitrailers;
22	(20)	"Driveaway certificate" means a certificate granting authority for the operation of
23		one (1) or more motor carrier vehicles operating as a driveaway;
24	(21)	"Driver" means the person physically operating the motor vehicle;
25	(22)	"Flatbed/rollback service" means a form of towing service which involves moving
26		vehicles by loading them onto a flatbed platform;

(23) "Highway" means all public roads, highways, streets, and ways in this state, whether

- within a municipality or outside of a municipality;
- 2 (24) "Household goods" has the same meaning as in 49 C.F.R. sec. 375.103;
- 3 (25) "Household goods carrier" has the same meaning as "household goods motor
- 4 carrier" in 49 C.F.R. sec. 375.103;
- 5 (26) "Household goods certificate" means a certificate granting authority for the
- 6 operation of one (1) or more household goods vehicles;
- 7 (27) "Human service transportation delivery" means the provision of transportation
- 8 services to any person that is an eligible recipient in one (1) of the following state
- 9 programs:
- 10 (a) Nonemergency medical transportation under KRS Chapter 205;
- 11 (b) Mental health, intellectual disabilities, or comprehensive care under KRS
- 12 Chapter 202A, 202B, 210, or 645;
- 13 (c) Work programs for public assistance recipients under KRS Chapter 205;
- 14 (d) Adult services under KRS Chapter 205, 209, 216, or 273;
- 15 (e) Vocational rehabilitation under KRS Chapter 151B or 157; or
- 16 (f) Blind industries or rehabilitation under KRS Chapter 151B or 163;
- 17 (28) "Interstate commerce" has the same meaning as in 49 C.F.R. sec. 390.5;
- 18 (29) "Intrastate commerce" has the same meaning as in 49 C.F.R. sec. 390.5;
- 19 (30) "Limousine" means a motor vehicle operating under a limousine certificate that is
- designed or constructed with not more than fifteen (15) regular seats;
- 21 (31) "Limousine certificate" means a certificate granting authority for the operation of
- one (1) or more limousines transporting passengers for hire;
- 23 (32) "Mobile application" means an application or a computer program designed to run
- on a smartphone, tablet computer, or other mobile device that is used by a TNC to
- connect drivers with potential passengers;
- 26 (33) "Motor carrier" means any person in either a private or for-hire capacity who owns,
- controls, operates, manages, or leases, except persons leasing to authorized motor

	carriers, any motor vehicle for the transportation of passengers or property upon any
	highway, and any person who engages in the business of automobile utility trailer
	lessor, vehicle towing, driveaway, or U-Drive-It;
(34)	"Motor carrier vehicle" means a motor vehicle used by a motor carrier to transport
	passengers or property;
(35)	"Motor carrier vehicle license" means a license issued by the department for a motor
	carrier vehicle authorized to operate under a certificate;
(36)	"Motor carrier license plate" means a license plate issued by the department to a
	motor carrier authorized to operate under a certificate other than a household goods,
	property, TNC, or U-Drive-It certificate;
(37)	"Motor vehicle" means any motor-propelled vehicle used for the transportation of
	passengers or property on a public highway, including any such vehicle operated as
	a unit in combination with other vehicles;
(38)	"Passenger" means an individual or group of people;
(39)	"Permit" means a temporary permit of compliance issued under this chapter for a
	specified period not to exceed ten (10) days, and for a specific vehicle, to any motor
	carrier, including one who is a nonresident of the Commonwealth, who operates a
	motor vehicle and is not entitled to an exemption from the payment of fees imposed
	under KRS 186.050 because of the terms of a reciprocal agreement between the
	Commonwealth and the state in which the vehicle is licensed;
(40)	"Person" means any individual, firm, partnership, corporation, company,
	association, or joint stock association, and includes any trustee, assignee, or
	personal representative thereof;
(41)	"Platoon" means a group of two (2) individual commercial motor vehicles traveling
	in a unified manner at electronically coordinated speeds at following distances that
	(35) (36) (37) (38) (39)

27 (42) "Prearranged ride" means the period of time that begins when a transportation

are closer than would ordinarily be allowed under KRS 189.340(8)(b);

network company driver accepts a requested ride through a digital network or

2		mobile application, continues while the driver transports the rider in a personal
3		vehicle, and ends when the transportation network company services end;
4	(43)	"Pre-trip acceptance liability policy" means the transportation network company
5		liability insurance coverage for incidents involving the driver for a period of time
6		when a driver is logged into a transportation network company's digital network or
7		mobile application but is not engaged in a prearranged ride;
8	(44)	"Property" means general or specific commodities, including hazardous and
9		nonhazardous materials;
10	(45)	"Property certificate" means a certificate granting authority for the transportation of
11		property, other than household goods, not exempt under KRS 281.605;
12	(46)	"Recovery":
13		(a) Means a form of towing service which involves moving vehicles by the use of
14		a wheel-lift device, such as a lift, crane, hoist, winch, cradle, jack, automobile
15		ambulance, tow dolly, or any other similar device as requested by a state or
16		local law enforcement agency; and
17		(b) Includes:
18		1. Relocating a vehicle or cargo from a place where towing is not possible
19		to a place where towing is possible; and
20		2. The cleanup of debris or cargo, and returning an area to pre-event
21		condition;
22	(47)	"Regular route" means the scheduled transportation of passengers between
23		designated points over designated routes under time schedules that provide a
24		regularity of services;
25	(48)	"Regular seat" means a seat ordinarily and customarily used by one (1) passenger
26		and, in determining such seating capacity, the manufacturer's rating may be
27		considered;

1 (49) "Storage facility" means any lot, facility, or other property used to store motor 2 vehicles that have been removed from another location by a tow truck;

- 3 (50) "Street hail" means a request for service made by a potential passenger using hand gestures or verbal statement;
- 5 (51) "Subcontractor" means a person who has signed a contract with a broker to provide
- 6 human service transportation delivery within a specific delivery area and who meets
- 7 human service transportation delivery requirements, including proper operating
- 8 authority;
- 9 (52) "Tariff" means the listing of compensation received by a motor carrier for
- 10 household goods that includes the manner in which and the amount of fares an
- authorized motor carrier may charge;
- 12 (53) "Taxicab" means a motor vehicle operating under a taxicab certificate that is
- designed or constructed with not more than eight (8) regular seats and may be
- equipped with a taximeter;
- 15 (54) "Taxicab certificate" means a certificate granting authority for the operation of one
- 16 (1) or more taxicabs transporting passengers for hire;
- 17 (55) "Taximeter" means an instrument or device approved by the department that
- automatically calculates and plainly indicates the charge to a passenger for hire who
- is being charged on the basis of mileage;
- 20 (56) "Tow truck" means a motor vehicle equipped to provide any form of towing service,
- 21 including recovery service or flatbed/rollback service;
- 22 (57) "Tow truck operator" means an individual who operates a tow truck as an employee
- or agent of a towing company;
- 24 (58) "Towing" means:
- 25 (a) Emergency towing, which is the towing of a motor vehicle, with or without
- 26 the owner's consent, because of:
- 27 1. A motor vehicle accident on a public highway;

1			2.	An incident related to an emergency; or
2			3.	An incident that necessitates the removal of the motor vehicle from a
3				location for public safety reasons;
4		(b)	Priv	rate property towing, which is the towing of a motor vehicle, without the
5			own	ner's consent, from private property:
6			1.	On which the motor vehicle was illegally parked; or
7			2.	Because of an exigent circumstance necessitating its removal to another
8				location; and
9		(c)	Seiz	cure towing, which is the towing of a motor vehicle for law enforcement
10			pur	poses involving the:
11			1.	Maintenance of the chain of custody of evidence;
12			2.	Forfeiture of assets; or
13			3.	Delinquency of highway fuel tax, weight distance tax, or any other taxes
14				and fees administered by the Transportation Cabinet;
15	(59)	"Tov	wing	company":
16		(a)	Mea	ans a service or business operating as a motor carrier that:
17			1.	Tows or otherwise moves motor vehicles by means of a tow truck; or
18			2.	Owns or operates a storage lot;
19		(b)	Incl	udes a tow truck operator acting on behalf of a towing company when
20			app	ropriate in the context; and
21		(c)	Doe	es not include an automobile club, car dealership, insurance company,
22			repo	ossession company, lienholders and entities hired by lienholders for the
23			purp	pose of repossession, local government, or any other entity that contracts
24			with	a towing company;
25	(60)	"Tra	nspoi	rtation network company" or "TNC" means a person or entity that connects
26		pass	enger	es through its digital network or mobile application to its drivers for the
27		prov	ision	of transportation network company services;

1 (61) "Transportation network company certificate" or "TNC certificate" means a 2 certificate granting the authority for the operation of one (1) or more transportation 3 network company vehicles transporting passengers for hire;

- 4 (62) "Transportation network company driver" or "TNC driver" means an individual who operates a motor vehicle that is owned or leased by the individual, or a motor vehicle for which the driver is an insured driver and has the permission of the owner or lessee of the motor vehicle, and used to provide transportation network company services;
- 9 (63) "Transportation network company service" or "TNC service" means a prearranged 10 passenger transportation service offered or provided through the use of a 11 transportation network company mobile application or digital network to connect 12 potential passengers with transportation network company drivers;
- 13 (64) "Transportation network company vehicle" or "TNC vehicle" means a privately
  14 owned or leased motor vehicle, designed or constructed with not more than eight (8)
  15 regular seats, operating under a transportation network company certificate;
- 16 (65) "U-Drive-It" means any person operating under a U-Drive-It certificate who leases 17 or rents a motor vehicle for consideration to be used for the transportation of 18 persons or property, but for which no driver is furnished, and the use of which 19 motor vehicle is not for the transportation of persons or property for hire by the 20 lessee or rentee; and
- 21 (66) "U-Drive-It certificate" means a certificate granting authority for the operation of 22 one (1) or more U-Drive-Its.
- Section 58. KRS 281.605 is amended to read as follows:
- 24 The provisions of this chapter shall not apply, except as to safety regulations, to:
- 25 (1) Motor vehicles used as school buses and while engaged in the transportation of 26 students, under the supervision and control and at the direction of school 27 authorities;

(2) Except as provided in paragraph (e) of this subsection, motor vehicles, regardless of ownership, used exclusively:

- (a) For the transportation of agricultural and dairy products, including fruit, livestock, meats, fertilizer, wood, lumber, cotton, products of grove or orchard, poultry, and eggs, while owned by the producer of the products, including landlord where the relation of landlord and tenant or landlord and cropper is involved, from the farm to a market, warehouse, dairy, or mill, or from one (1) market, warehouse, dairy, or mill to another market, warehouse, dairy, or mill. As used in this paragraph and in paragraph (b) of this subsection, "livestock" means cattle, sheep, swine, goats, horses, alpacas, llamas, buffaloes, or any other animals of the bovine, ovine, porcine, caprine, equine, or camelid species;
- (b) For the transportation of agricultural and dairy products, livestock, farm machinery, feed, fertilizer, and other materials and supplies essential to farm operation, from market or shipping terminal to farm;
- (c) For both the purposes described in paragraphs (a) and (b) of this subsection;
- (d) For the transportation of agricultural and dairy products from farm to regularly organized fairs and exhibits and return; or
- (e) Motor vehicles used for the transportation of fly ash, in bags, sacks, or other containers, the aggregate weight of which does not exceed ten thousand (10,000) pounds; or bottom ash, waste ash, sludge, and pozatec which is being removed from the premises of a power generator facility for the purpose of disposal;
- (3) Motor vehicles used exclusively as church buses and while operated in the transportation of persons to and from a church or place of worship or for other religious work under the supervision and control and at the direction of church authorities;

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1	(4)	Motor vehicles used exclusively for the transportation of property belonging to a
2		nonprofit cooperative association or its members where the vehicle is owned or
3		leased exclusively by the association;
4	(5)	Motor vehicles owned in whole or in part by any person and used by such person to
5		transport commodities of which such person is the bona fide owner, lessee,
6		consignee, or bailee; provided, however, that such transportation is for the purpose
7		of sale, lease, rent, or bailment, and is an incidental adjunct to an established private
8		business owned and operated by such person within the scope and in furtherance of
9		any primary commercial enterprise of such person other than the business of
10		transportation of property for hire;
11	(6)	Motor vehicles used in pick-up or delivery service within a city or within a city and
12		its commercial area for a carrier by rail;
13	(7)	Motor vehicles used exclusively for the transportation of coal from the point at
14		which such coal is mined to a railhead or tipple where the railhead or tipple is
15		located at a point not more than fifty (50) air miles from the point at which the coal
16		is mined;
17	(8)	Motor vehicles used as ambulances in transporting wounded, injured, or sick
18		animals or as ambulances as defined in <u>Section 2 of this Act[KRS 311A.010]</u> ;
19	(9)	Motor vehicles used by transit authorities as created and defined in KRS Chapter
20		96A except as required by KRS 96A.170. Vehicles operated under the authority and
21		direct responsibility of such transit authorities, through contractual agreement, shall
22		be included within this exemption, without regard to the legal ownership of the
23		vehicles, but only for such times as they are operated under the authority and
24		responsibility of the transit authority;
25	(10)	Motor vehicles having a seating capacity of fifteen (15) or fewer passengers and
26		while transporting persons between their places of residence, on the one hand, and,
27		on the other, their places of employment, provided the driver himself is on his way

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to or from his place of employment, and further provided that any person who operates or controls the operation of vehicles hereunder of which said person is the owner or lessee, and any spouse of said person and any partnership or corporation with said person or his spouse having an interest therein doing such, shall be eligible to so operate an aggregate number of not more than one (1) vehicle on other than a nonprofit basis;

- 7 (11) Motor vehicles used to transport cash letters, data processing material, instruments, 8 or documents, regardless of the ownership of any of said cash letters, data 9 processing material, instruments, or documents;
  - (12) Motor vehicles operated by integrated intermodal small package carriers who provide intermodal-air-and-ground-transportation. For the purposes of this section, "integrated intermodal small package carrier" shall mean an air carrier holding a certificate or qualifying as an indirect air carrier that undertakes, by itself or through a company affiliated through common ownership, to provide intermodal-air-andground-transportation, and "intermodal-air-and-ground-transportation" shall mean transportation involving the carriage of articles weighing not more than one hundred fifty (150) pounds by aircraft or other forms of transportation, including by motor vehicle, wholly within the Commonwealth of Kentucky. The incidental or occasional use of aircraft in transporting packages or articles shall not constitute an integrated intermodal operation within the meaning of this section;
- (13) Motor vehicles operated pursuant to a grant of funds in furtherance of and governed 22 by 49 U.S.C. secs. 5310 or 5311, including all amendments, and whose operators 23 have jurisdictions and services approved annually by the Transportation Cabinet in 24 accordance with 49 C.F.R. Title VI;
- 25 (14) Motor vehicles used to transport children to educational events or conservation 26 camps run by, or sponsored by, the Department of Fish and Wildlife;
- 27 (15) Motor vehicles used to transport children to events or camps run by, or sponsored

1		by, t	the Kentucky Sheriffs Association; or
2	(16)	(a)	Motor vehicles used in the transportation of persons who are sixty (60) years
3			of age or older or who are visually impaired, if the motor vehicles are owned
4			by a nonprofit organization or being used on behalf of a nonprofit
5			organization that is exempt from federal income tax under Section 501(c)(3)
6			of the Internal Revenue Code.
7		(b)	Motor vehicles owned and operated by a nonprofit organization that are
8			exempt under this subsection shall be subject to liability insurance coverage as
9			established by KRS 281.655.
10		(c)	Motor vehicles owned privately but operated on behalf of a nonprofit
11			organization that are exempt under this subsection shall be subject to liability
12			insurance coverage as established by KRS 304.39-110.
13		<b>→</b> S	ection 59. KRS 304.39-215 is amended to read as follows:
14	(1)	As ι	used in this section and in KRS 304.99-060:
15		(a)	"Compensation arrangement" has the same meaning as in 42 U.S.C. sec.
16			1395nn, as amended; and
17		(b)	"Health care provider" or "provider" means:
18			1. An individual who is licensed under KRS 309.353 or KRS Chapter
19			216B, [Chapter ]311, [311A, ]311B, 312, 313, 314, 314A, 315, 319,
20			319A, 319B, 320, or 327 and who is not enrolled in the Kentucky
21			Medicaid program; or
22			2. A medical laboratory, as defined in KRS 333.020, that is not enrolled in
23			the Kentucky Medicaid program.
24	(2)	Exc	ept as otherwise provided in subsection (3) of this section:
25		(a)	If a health care provider, directly or indirectly, has either of the following
26			financial relationships with a person or entity, the provider shall not make a

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referral to the person or entity for the furnishing of health care services for

1		which payment may be made from basic or added reparation benefits provided
2		under this subtitle:
3		1. An ownership or investment interest in the person or entity, whether
4		through debt, equity, or other means; or
5		2. A compensation arrangement between the provider, directly or
6		indirectly, and the person or entity; and
7		(b) No person or entity shall present, cause to be presented, or collect payment on
8		a claim or bill for health care services referred to the person or entity that the
9		person or entity knows or should know is in violation of paragraph (a) of this
10		subsection.
11	(3)	Any conduct or activity which is permitted by or protected under 42 U.S.C. sec.
12		1395nn(b) to (e), as amended, 42 U.S.C. sec. 1320a-7b(b)(3), as amended, or a
13		federal regulation adopted under those sections, as amended, shall not be deemed to
14		violate this section, and the conduct or activity shall be accorded the same
15		protections allowed under these federal laws and regulations.
16	(4)	(a) No insurer shall be required to pay basic or added reparations benefits to a
17		person or entity for health care services referred to that person or entity in
18		violation of this section.
19		(b) If a person or entity collects any amount in basic or added reparations benefits
20		in violation of this section, the person or entity shall refund, on a timely basis,
21		the amount collected.
22		→ Section 60. KRS 311.550 is amended to read as follows:
23	As u	sed in KRS 311.530 to 311.620 and 311.990(4) to (6):
24	(1)	"Board" means the State Board of Medical Licensure;
25	(2)	"President" means the president of the State Board of Medical Licensure;
26	(3)	"Secretary" means the secretary of the State Board of Medical Licensure;
27	(4)	"Executive director" means the executive director of the State Board of Medical

- 1 Licensure or any assistant executive directors appointed by the board;
- 2 (5) "General counsel" means the general counsel of the State Board of Medical
- 3 Licensure or any assistant general counsel appointed by the board;
- 4 (6) "Regular license" means a license to practice medicine or osteopathy at any place in
- 5 this state;
- 6 (7) "Limited license" means a license to practice medicine or osteopathy in a specific
- 7 institution or locale to the extent indicated in the license;
- 8 (8) "Temporary permit" means a permit issued to a person who has applied for a regular
- 9 license, and who appears from verifiable information in the application to the
- 10 executive director to be qualified and eligible therefor;
- 11 (9) "Emergency permit" means a permit issued to a physician currently licensed in
- another state, authorizing the physician to practice in this state for the duration of a
- specific medical emergency, not to exceed thirty (30) days;
- 14 (10) Except as provided in subsection (11) of this section, the "practice of medicine or
- osteopathy" means the diagnosis, treatment, or correction of any and all human
- 16 conditions, ailments, diseases, injuries, or infirmities by any and all means,
- methods, devices, or instrumentalities;
- 18 (11) The "practice of medicine or osteopathy" does not include the practice of Christian
- Science, the domestic administration of family remedies, the rendering of first aid
- or medical assistance in an emergency in the absence of a person licensed to
- 21 practice medicine or osteopathy under the provisions of this chapter, the use of
- 22 automatic external defibrillators in accordance with the provisions of KRS 311.665
- 23 to 311.669, the practice of podiatry as defined in KRS 311.380, the practice of
- dentistry as defined in KRS 313.010, the practice of optometry as defined in KRS
- 25 320.210, the practice of chiropractic as defined in subsection (2) of KRS 312.015,
- the practice as a nurse as defined in KRS 314.011, the practice of physical therapy
- as defined in KRS 327.010, the practice of genetic counseling as defined in KRS

311.690, the performance of duties for which they have been trained by paramedics licensed under KRS Chapter <u>216B</u>[311A], emergency medical responders, advanced emergency medical technicians, or emergency medical technicians certified under Chapter <u>216B</u>[311A], the practice of pharmacy by persons licensed and registered under KRS 315.050, the sale of drugs, nostrums, patented or proprietary medicines, trusses, supports, spectacles, eyeglasses, lenses, instruments, apparatus, or mechanisms that are intended, advertised, or represented as being for the treatment, correction, cure, or relief of any human ailment, disease, injury, infirmity, or condition, in regular mercantile establishments, or the practice of midwifery, or the provision of certified professional midwifery services by a licensed certified professional midwife as defined in KRS 314.400;

12 (12) "Physician" means a doctor of medicine or a doctor of osteopathy;

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- 13 (13) "Grievance" means any allegation in whatever form alleging misconduct by a 14 physician;
- 15 (14) "Charge" means a specific allegation alleging a violation of a specified provision of 16 this chapter;
- 17 (15) "Complaint" means a formal administrative pleading that sets forth charges against 18 a physician and commences a formal disciplinary proceeding;
- 19 (16) As used in KRS 311.595(4), "crimes involving moral turpitude" shall mean those 20 crimes which have dishonesty as a fundamental and necessary element, including 21 but not limited to crimes involving theft, embezzlement, false swearing, perjury, 22 fraud, or misrepresentation;
- 23 (17) "Telehealth" means the use of interactive audio, video, or other electronic media to 24 deliver health care. It includes the use of electronic media for diagnosis, 25 consultation, treatment, transfer of medical data, and medical education;
- 26 (18) "Order" means a direction of the board or its panels made or entered in writing that
  27 determines some point or directs some step in the proceeding and is not included in

1	the	final	order:

- 2 (19) "Agreed order" means a written document that includes but is not limited to
- 3 stipulations of fact or stipulated conclusions of law that finally resolves a grievance,
- 4 a complaint, or a show cause order issued informally without expectation of further
- formal proceedings in accordance with KRS 311.591(6);
- 6 (20) "Final order" means an order issued by the hearing panel that imposes one (1) or
- 7 more disciplinary sanctions authorized by this chapter;
- 8 (21) "Letter of agreement" means a written document that informally resolves a
- 9 grievance, a complaint, or a show cause order and is confidential in accordance with
- 10 KRS 311.619;
- 11 (22) "Letter of concern" means an advisory letter to notify a physician that, although
- there is insufficient evidence to support disciplinary action, the board believes the
- physician should modify or eliminate certain practices and that the continuation of
- those practices may result in action against the physician's license;
- 15 (23) "Motion to revoke probation" means a pleading filed by the board alleging that the
- licensee has violated a term or condition of probation and that fixes a date and time
- for a revocation hearing;
- 18 (24) "Revocation hearing" means a hearing conducted in accordance with KRS Chapter
- 19 13B to determine whether the licensee has violated a term or condition of probation;
- 20 (25) "Chronic or persistent alcoholic" means an individual who is suffering from a
- 21 medically diagnosable disease characterized by chronic, habitual, or periodic
- consumption of alcoholic beverages resulting in the interference with the
- 23 individual's social or economic functions in the community or the loss of powers of
- self-control regarding the use of alcoholic beverages;
- 25 (26) "Addicted to a controlled substance" means an individual who is suffering from a
- 26 medically diagnosable disease characterized by chronic, habitual, or periodic use of
- any narcotic drug or controlled substance resulting in the interference with the

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individual's social or economic functions in the community or the loss of powers of self-control regarding the use of any narcotic drug or controlled substance;

- 3 (27) "Provisional permit" means a temporary permit issued to a licensee engaged in the
  4 active practice of medicine within this Commonwealth who has admitted to
  5 violating any provision of KRS 311.595 that permits the licensee to continue the
  6 practice of medicine until the board issues a final order on the registration or
  7 reregistration of the licensee;
- 8 (28) "Fellowship training license" means a license to practice medicine or osteopathy in 9 a fellowship training program as specified by the license; and
- 10 (29) "Special faculty license" means a license to practice medicine that is limited to the
  11 extent that this practice is incidental to a necessary part of the practitioner's
  12 academic appointment at an accredited medical school program or osteopathic
  13 school program and any affiliated institution for which the medical school or
  14 osteopathic school has assumed direct responsibility.
  - → Section 61. KRS 311.6225 is amended to read as follows:

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- 16 (1) An adult with decisional capacity, an adult's legal surrogate, or a responsible party 17 may complete a medical order for scope of treatment directing medical interventions. The form shall have the title "MOST, Medical Orders for Scope of 18 19 Treatment" and an introductory section containing the patient's name and date of 20 birth, the effective date of the form, including the statement "Form must be reviewed at least annually" and the statements "HIPAA permits disclosure of 21 22 MOST to other health care professionals as necessary" and "This document is based 23 on this person's medical condition and wishes. Any section not completed indicates 24 a preference for full treatment for that section." The form shall be in substantially 25 the following order and format and shall have the following contents:
  - (a) Section A of the form shall direct cardiopulmonary resuscitation when a person has no pulse and is not breathing by selection of one (1) of the

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1		following:
2		1. "Attempt Resuscitation (CPR)"; or
3		2. "Do Not Attempt Resuscitation"; and
4		include the statement "When not in cardiopulmonary arrest, follow orders in
5		B, C, and D.";
6	(b)	Section B of the form shall direct the scope of treatment when a person has a
7		pulse or is breathing by selection of one (1) of the following:
8		1. Full scope of treatment, including the use of intubation, advanced airway
9		interventions, mechanical ventilation, defibrillation or cardioversion as
10		indicated, medical treatment, intravenous fluids, and comfort measures.
11		This option shall include the statement "Transfer to a hospital if
12		indicated. Includes intensive care. Treatment Plan: Full treatment,
13		including life support measures.";
14		2. Limited additional intervention, including the use of medical treatment,
15		oral and intravenous medications, intravenous fluids, cardiac monitoring
16		as indicated, noninvasive bi-level positive airway pressure, a bag valve
17		mask, and comfort measures. This option excludes the use of intubation
18		or mechanical ventilation. This option shall include the statement
19		"Transfer to a hospital if indicated. Avoid intensive care. Treatment
20		Plan: Provide basic medical treatments."; or
21		3. Comfort measures, including keeping the patient clean, warm, and dry;
22		use of medication by any route; positioning, wound care, and other
23		measures to relieve pain and suffering; and the use of oxygen, suction,
24		and manual treatment of airway obstruction as needed for comfort. This
25		option shall include the statement "Do not transfer to a hospital unless
26		comfort needs cannot be met in the patient's current location (e.g. hip

fracture).".

1		These options shall be followed by a space for other instructions;
2	(c)	Section C of the form shall direct the use of oral and intravenous antibiotics
3		by selection of one (1) of the following:
4		1. Antibiotics if indicated for the purpose of maintaining life;
5		2. Determine use or limitation of antibiotics when infection occurs;
6		3. Use of antibiotics to relieve pain and discomfort; or
7		4. No antibiotics, use other measures to relieve symptoms.
8		This option shall include a space for other instructions;
9	(d)	Section D of the form shall:
10		1. Have the heading "Medically Administered Fluids and Nutrition: The
11		provision of nutrition and fluids, even if medically administered, is a
12		basic human right and authorization to deny or withdraw shall be limited
13		to the patient, the surrogate in accordance with KRS 311.629, or the
14		responsible party in accordance with KRS 311.631.";
15		2. Direct the administration of fluids if physically possible as determined
16		by the patient's physician in accordance with reasonable medical
17		judgment and in consultation with the patient, surrogate, or responsible
18		party by selecting one (1) of the following:
19		a. Long-term intravenous fluids if indicated;
20		b. Intravenous fluids for a defined trial period. This option shall be
21		followed by "Goal:"; or
22		c. No intravenous fluids, provide other measures to ensure comfort;
23		and
24		3. Direct the administration of nutrition if physically possible as
25		determined by the patient's physician in accordance with reasonable
26		medical judgment and in consultation with the patient, surrogate, or
27		responsible party by selecting one (1) of the following:

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1		a.	Long-term feeding tube if indicated;
2		b.	Feeding tube for a defined trial period. This option shall be
3			followed by "Goal:"; or
4		c.	No feeding tube. This option shall be followed by a space for
5			special instructions;
6	(e)	Section	E of the form shall:
7	, ,	1. Ha	ave the heading "Patient Preferences as a Basis for this MOST Form"
8			d shall include the language "Basis for order must be documented in
9			edical record";
10		2. Pro	ovide direction to indicate whether or not the patient has an advance
11		me	edical directive such as a health care power of attorney or living will
12		an	d, if so, a place for the printed name, position, and signature of the
13		inc	dividual certifying that the MOST is in accordance with the advance
14		diı	rective; and
15		3. Inc	dicate whether oral or written directions were given and, if so, by
16		wł	nich one (1) or more of the following:
17		a.	Patient;
18		b.	Parent or guardian if patient is a minor;
19		c.	Surrogate appointed by the patient's advance directive;
20		d.	The judicially appointed guardian of the patient, if the guardian has
21			been appointed and if medical decisions are within the scope of the
22			guardianship;
23		e.	The attorney-in-fact named in a durable power of attorney, if the
24			durable power of attorney specifically includes authority for health
25			care decisions;
26		f.	The spouse of the patient;
27		g.	An adult child of the patient or, if the patient has more than one (1)

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1		child, the majority of the adult children who are reasonably
2		available for consultation;
3		h. The parents of the patient; and
4		i. The nearest living relative of the patient or, if more than one (1)
5		relative of the same relation is reasonably available for
6		consultation, a majority of the nearest living relatives;
7	(f)	A signature portion of the form shall include spaces for the printed name,
8		signature, and date of signing for:
9		1. The patient's physician;
10		2. The patient, parent of minor, guardian, health care agent, surrogate,
11		spouse, or other responsible party, with a description of the relationship
12		to the patient and contact information, unless based solely on advance
13		directive; and
14		3. The health care professional preparing the form, with contact
15		information;
16	(g)	A section of the form shall be titled "Information for patient, surrogate, or
17		responsible party named on this form" with the following language: "The
18		MOST form is always voluntary and is usually for persons with advanced
19		illness. MOST records your wishes for medical treatment in your current state
20		of health. The provision of nutrition and fluids, even if medically
21		administered, is a basic human right and authorization to deny or withdraw
22		shall be limited to the patient, the surrogate in accordance with KRS 311.629,
23		or the responsible party in accordance with KRS 311.631. Once initial
24		medical treatment is begun and the risks and benefits of further therapy are
25		clear, your treatment wishes may change. Your medical care and this form can

be changed to reflect your new wishes at any time. However, no form can

address all the medical treatment decisions that may need to be made. An

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	advance directive, such as the Kentucky Health Care Power of Attorney, is
	recommended for all capable adults, regardless of their health status. An
	advance directive allows you to document in detail your future health care
	instructions or name a surrogate to speak for you if you are unable to speak for
	yourself, or both. If there are conflicting directions between an enforceable
	living will and a MOST form, the provisions of the living will shall prevail.";
(h)	A section of the form shall be titled "Directions for Completing and
	Implementing Form" with these four (4) subdivisions:
	1. The first subdivision shall be titled "Completing MOST" and shall have
	the following language:
	"MOST must be reviewed, prepared, and signed by the patient's
	physician in personal communication with the patient, the patient's
	surrogate, or responsible party.
	MOST must be reviewed and contain the original signature of the
	patient's physician to be valid. Be sure to document the basis in the
	progress notes of the medical record. Mode of communication (e.g., in
	person, by telephone, etc.) should also be documented.
	The signature of the patient, surrogate, or a responsible party is required;
	however, if the patient's surrogate or a responsible party is not
	reasonably available to sign the original form, a copy of the completed
	form with the signature of the patient's surrogate or a responsible party
	must be signed by the patient's physician and placed in the medical
	record.
	Use of original form is required. Be sure to send the original form with
	the patient.
	There is no requirement that a patient have a MOST.";

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The second subdivision shall be titled "Implementing MOST" and shall

1			have the following language: "If a health care provider or facility cannot
2			comply with the orders due to policy or personal ethics, the provider or
3			facility must arrange for transfer of the patient to another provider or
4			facility.";
5		3.	The third subdivision shall be titled "Reviewing MOST" and shall have
6			the following language:
7			"This MOST must be reviewed at least annually or earlier if:
8			The patient is admitted and/or discharged from a health care facility;
9			There is a substantial change in the patient's health status; or
10			The patient's treatment preferences change.
11			If MOST is revised or becomes invalid, draw a line through Sections A-
12			E and write "VOID" in large letters."; and
13		4.	The fourth subdivision shall be titled "Revocation of MOST" and shall
14			have the following language: "This MOST may be revoked by the
15			patient, the surrogate, or the responsible party."; and
16	(i)	A se	ection of the form shall be titled "Review of MOST" and shall have the
17		follo	owing columns and a number of rows as determined by the Kentucky
18		Boar	rd of Medical Licensure:
19		1.	"Review Date";
20		2.	"Reviewer and Location of Review";
21		3.	"MD/DO Signature (Required)";
22		4.	"Signature of Patient, Surrogate, or Responsible Party (Required)"; and
23		5.	"Outcome of Review, describing the outcome in each row by selecting
24			one (1) of the following:
25			a. No Change;
26			b. FORM VOIDED, new form completed; or
27			c. FORM VOIDED, no new form".

(2)	The Kentucky Board of Medical Licensure shall promulgate administrative
	regulations in accordance with KRS Chapter 13A to develop the format for a
	standardized medical order for scope of treatment form to be approved by the board,
	including spacing, size, borders, fill and location of boxes, type of fonts used and
	their size, and placement of boxes on the front or back of the form so as to fit on a
	single sheet. The board may not alter the wording or order of wording provided in
	subsection (1) of this section, except to add identifying data such as form number
	and date of promulgation or revision and instructions for completing, reviewing,
	and revoking the election of the form. The board shall consult with appropriate
	professional organizations to develop the format for the medical order for scope of
	treatment form, including:

- 12 (a) The Kentucky Association of Hospice and Palliative Care;
- 13 (b) [The Kentucky Board of Emergency Medical Services;
- 14 (c) The Kentucky Hospital Association;
- 15  $\underline{(c)}$  The Kentucky Association of Health Care Facilities;
- 16  $(\underline{d})$  Leading Age Kentucky;

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- 17 (e) The Kentucky Right to Life Association; and
- Other groups interested in end-of-life care. (f)
- 19 (3) The medical order for scope of treatment form developed under subsection (2) of this section shall include but not be limited to:
- 21 (a) An advisory that completing the medical order for scope of treatment form is 22 voluntary and not required for treatment;
- 23 (b) Identification of the person who discussed and agreed to the options for medical intervention that are selected;
- 25 (c) All necessary information necessary to comply with subsection (1) of this section;
- 27 (d) The effective date of the form;

1 (e) The expiration or review date of the form, which shall be no more than one (1) calendar year from the effective date of the form;

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- (f) Indication of whether the patient has a living will directive or health care power of attorney, a copy of which shall be attached to the form if available;
- (g) An advisory that the medical order for scope of treatment may be revoked by the patient, the surrogate, or a responsible party at any time; and
  - (h) A statement written in boldface type directly above the signature line for the patient that states "You are not required to sign this form to receive treatment."
- 10 (4) A physician shall document the medical basis for completing a medical order for scope of treatment in the patient's medical record.
- 12 (5) The patient, the surrogate, or a responsible party shall sign the medical order for 13 scope of treatment form; however, if it is not practicable for the patient's surrogate 14 or a responsible party to sign the original form, the surrogate or a responsible party 15 shall sign a copy of the completed form and return it to the health care provider 16 completing the form. The copy of the form with the signature of the surrogate or a 17 responsible party, whether in electronic or paper form, shall be signed by the 18 physician and shall be placed in the patient's medical record. When the signature of 19 the surrogate or a responsible party is on a separate copy of the form, the original 20 form shall indicate in the appropriate signature field that the signature is attached.
- → Section 62. KRS 311.666 is amended to read as follows:
- As used in KRS 311.665 to 311.669, unless the context requires otherwise:
  - (1) "Automated external defibrillator" or "AED" means an external defibrillator capable of cardiac rhythm analysis which will charge and, with or without further operator action, deliver a shock after electronically detecting and assessing ventricular fibrillation or rapid ventricular tachycardia. These devices are known as fully or semiautomatic defibrillators;

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1	(2)	"Cardiopulm	nonary resusc	itation" or	"CPR"	means a	basic	emergency	procedu	ire f	or
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- 2 life support, consisting of artificial respiration and manual external cardiac
- 3 massage; and
- 4 (3) "Emergency medical services system" means the same as in Section 2 of this
- 5 *Act*[KRS 311A.010].
- Section 63. KRS 311.669 is amended to read as follows:
- 7 (1) The provisions of KRS 311.665 to 311.669 shall not apply to the use of an AED by:
- 8 (a) Physicians, podiatrists, or osteopaths licensed under KRS Chapter 311 or chiropractors licensed under KRS Chapter 312;
- 10 (b) Physician assistants as defined in KRS 311.550;
- 11 (c) Registered nurses, practical nurses, or advanced practice registered nurses
- licensed under KRS Chapter 314;
- 13 (d) Dentists licensed under KRS Chapter 313; or
- 14 (e) Paramedics licensed, or first responders or emergency medical technicians
- certified, under KRS Chapter <u>216B[311A]</u>.
- 16 (2) Nothing in this section shall preclude the licensing boards referred to in subsection
- 17 (1) of this section from requiring continuing education or training on the use of an
- 18 AED.
- → Section 64. KRS 316.165 is amended to read as follows:
- 20 (1) Any person employed by a full-service funeral establishment or an embalming
- service establishment, except a common carrier engaged in interstate commerce, the
- 22 Commonwealth and its agencies, or an emergency medical services provider duly
- certified or licensed pursuant to KRS Chapter <u>216B[311A]</u>, who wants to engage in
- 24 the business of surface transportation or removal of dead human bodies in the
- 25 Commonwealth, shall apply for and may be granted a permit from the board.
- 26 (2) Surface transportation and removal services shall not include:
- 27 (a) The arrangement or conduction of funerals;

1		(b)	The	prov	vision for the care or preparation, including embalming, of dead
2			hum	an bo	odies; or
3		(c)	The	sale	or provision of funeral-related goods and services;
4		with	out al	so th	e issuance of a funeral service establishment license or an embalming
5		serv	ice es	tablis	hment license.
6	(3)	The	board	l shal	Il promulgate administrative regulations related to the processes and
7		proc	edure	s for	the permitting of persons to provide surface transportation and
8		remo	oval s	ervic	es of dead human bodies.
9		<b>→</b> S	ection	65.	KRS 405.075 is amended to read as follows:
10	(1)	As u	ised ir	n this	section:
11		(a)	"Ne	wbor	n infant" means an infant who is medically determined to be less than
12			thirt	y (30	) days old;
13		(b)	"Ne	wbor	n safety device" means a device:
14			1.	Des	signed to permit a parent to anonymously place a newborn infant in
15				the	device with the intent to leave the newborn and for an emergency
16				med	dical services provider to remove the newborn from the device and
17				take	e custody of the newborn infant;
18			2.	Inst	alled with an adequate dual alarm system connected to the physical
19				loca	ation where the device is physically installed. The dual alarm system
20				sha	ll be:
21				a.	Tested at least one (1) time per month to ensure the alarm system
22					is in working order; and
23				b.	Visually checked at least two (2) times per day to ensure the alarm
24					system is in working order;
25			3.	App	proved by and physically located inside a participating staffed police
26				stat	ion, staffed fire station, or staffed hospital that:
27				a.	Is licensed or otherwise legally operating in this state; and

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1			b. Is staffed continuously on a twenty-four (24) hour basis every day
2			by a licensed emergency medical services provider; and
3			4. Located in an area that is conspicuous and visible to police station, fire
4			station, or hospital staff; and
5		(c)	"Participating place of worship" means a recognized place of religious
6			worship that has voluntarily agreed to perform the duty granted in this section
7			and display signage prominently on its premises regarding its participation in
8			this section and its operating hours during which staff will be present.
9	(2)	A pa	arent shall have the right to remain anonymous, shall not be pursued, and shall
10		not	be considered to have abandoned or endangered a newborn infant under KRS
11		Cha	oters 508 and 530 if the parent:
12		(a)	Places a newborn infant:
13			1. With an emergency medical services provider;
14			2. At a staffed police station, fire station, or hospital;
15			3. At a participating place of worship; or
16			4. Inside a newborn safety device that meets the requirements of subsection
17			(1) of this section; and
18		(b)	Expresses no intent to return for the newborn infant.
19	(3)	(a)	Any emergency medical services provider, police officer, or firefighter who
20			accepts physical custody of a newborn infant, or who physically retrieves a
21			newborn infant from a newborn safety device that meets the requirements of
22			subsection (1) of this section, in accordance with this section shall
23			immediately arrange for the infant to be taken to the nearest hospital
24			emergency room and shall have implied consent to any and all appropriate
25			medical treatment.
26		(b)	Any staff member at a participating place of worship who accepts physical
27			custody of a newborn infant in accordance with this section shall immediately

	contact the 911 emergency telephone service as set forth in KRS 65.750 to
	65.760, wireless enhanced 911 system as set forth in KRS 65.7621 to 65.7643,
	or emergency medical services as set forth in KRS Chapter 216B[311A] for
	transportation to the nearest hospital emergency room.
(4)	By placing a newborn infant in the manner described in this section, the parent:
	(4)

6 Waives the right to notification required by subsequent court proceedings (a) conducted under KRS Chapter 620 until such time as a claim of parental rights is made; and

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- Waives legal standing to make a claim of action against any person who accepts physical custody of the newborn infant.
- 11 (5) A staffed police station, fire station, hospital, emergency medical facility, or 12 participating place of worship may post a sign easily seen by the public stating that: 13 "This facility is a safe and legal place to surrender a newborn infant who is less than 14 30 days old. A parent who places a newborn infant at this facility and expresses no 15 intent to return for the infant shall have the right to remain anonymous and not be 16 pursued and shall not be considered to have abandoned or endangered their 17 newborn infant under KRS Chapters 508 and 530."
- 18 Actions taken by an emergency medical services provider, police officer, firefighter, (6) 19 or staff member at a participating place of worship in conformity with the duty 20 granted in this section shall be immune from criminal or civil liability. Nothing in 21 this subsection shall limit liability for negligence.
- 22 The provisions of subsection (2) of this section shall not apply when indicators of (7) 23 child physical abuse or child neglect are present.
- 24 KRS 211.951, 216B.190, 405.075, 620.350, and 620.355 shall be known as "The (8)25 Representative Thomas J. Burch Safe Infants Act."
- 26 → Section 66. KRS 508.025 is amended to read as follows:
- 27 A person is guilty of assault in the third degree when the actor: (1)

1 Recklessly, with a deadly weapon or dangerous instrument, or intentionally (a) 2 causes or attempts to cause physical injury to: 3 1. A state, county, city, or federal peace officer; 2. 4 An employee of a detention facility, or state residential treatment facility 5 or state staff secure facility for residential treatment which provides for the care, treatment, or detention of a juvenile charged with or 6 7 adjudicated delinquent because of a public offense or as a youthful 8 offender; 9 3. An employee of the Department for Community Based Services 10 employed as a social worker to provide direct client services, if the event 11 occurs while the worker is performing job-related duties; 12 4. Paid or volunteer emergency medical services personnel certified or 13 licensed pursuant to KRS Chapter 216B[311A], if the event occurs 14 while personnel are performing job-related duties; 5. 15 A paid or volunteer member of an organized fire department, if the event 16 occurs while the member is performing job-related duties; 17 6. Paid or volunteer rescue squad personnel affiliated with the Division of 18 Emergency Management of the Department of Military Affairs or a local 19 disaster and emergency services organization pursuant to KRS Chapter 20 39F, if the event occurs while personnel are performing job-related 21 duties; 22 7. A probation and parole officer; 23 8. A transportation officer appointed by a county fiscal court or legislative 24 body of a consolidated local government, urban-county government, or 25 charter government to transport inmates when the county jail or county

performing job-related duties;

correctional facility is closed while the transportation officer is

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1			9. A public or private elementary or secondary school or school district
2			classified or certified employee, school bus driver, or other school
3			employee acting in the course and scope of the employee's employment;
4			or
5			10. A public or private elementary or secondary school or school district
6			volunteer acting in the course and scope of that person's volunteer
7			service for the school or school district;
8		(b)	Being a person confined in a detention facility, or a juvenile in a state
9			residential treatment facility or state staff secure facility for residential
10			treatment which provides for the care, treatment, or detention of a juvenile
11			charged with or adjudicated delinquent because of a public offense or as a
12			youthful offender, inflicts physical injury upon or throws or causes feces, or
13			urine, or other bodily fluid to be thrown upon an employee of the facility; or
14		(c)	Intentionally causes a person, whom the actor knows or reasonably should
15			know to be a peace officer discharging official duties, to come into contact
16			with saliva, vomit, mucus, blood, seminal fluid, urine, or feces without the
17			consent of the peace officer.
18	(2)	(a)	For violations of subsection (1)(a) and (b) of this section, assault in the third
19			degree is a Class D felony.
20		(b)	For violations of subsection (1)(c) of this section, assault in the third degree is
21			a Class B misdemeanor, unless the assault is with saliva, vomit, mucus, blood,
22			seminal fluid, urine, or feces from an adult who knows that he or she has a
23			serious communicable disease and competent medical or epidemiological
24			evidence demonstrates that the specific type of contact caused by the actor is
25			likely to cause transmission of the disease or condition, in which case it is a
26			Class A misdemeanor.

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(c) As used in paragraph (b) of this subsection, "serious communicable disease"

means a non-airborne disease that is transmitted from person to person and determined to have significant, long-term consequences on the physical health or life activities of the person infected.

- 4 → Section 67. KRS 532.031 is amended to read as follows:
- 5 (1) A person may be found by the sentencing judge to have committed an offense specified below as a result of a hate crime if the person intentionally because of race, color, religion, sexual orientation, or national origin of another individual or group of individuals or because of a person's actual or perceived employment as a state, city, county, or federal peace officer, member of an organized fire department, or emergency medical services personnel, violates a provision of any one (1) of the following:
- 12 (a) KRS 508.010, 508.020, 508.025, or 508.030;
- 13 (b) KRS 508.050 or 508.060;
- 14 (c) KRS 508.100 or 508.110;
- 15 (d) KRS 509.020;
- 16 (e) KRS 510.040, 510.050, 510.060, 510.070, 510.080, 510.090, 510.100, or 510.110;
- 18 (f) KRS 512.020, 512.050, or 512.060;
- 19 (g) KRS 513.020, 513.030, or 513.040; or
- 20 (h) KRS 525.020, 525.050, 525.060, 525.070, or 525.080.
- 21 (2) At sentencing, the sentencing judge shall determine if, by a preponderance of the 22 evidence presented at the trial, a hate crime was a primary factor in the commission 23 of the crime by the defendant. If so, the judge shall make a written finding of fact 24 and enter that in the court record and in the judgment rendered against the 25 defendant.
- 26 (3) The finding that a hate crime was a primary factor in the commission of the crime 27 by the defendant may be utilized by the sentencing judge as the sole factor for

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denial of probation, shock probation, conditional discharge, or other form of nonimposition of a sentence of incarceration.

- The finding by the sentencing judge that a hate crime was a primary factor in the commission of the crime by the defendant may be utilized by the Parole Board in delaying or denying parole to a defendant.
- 6 (5) As used in this section:

- 7 (a) "Emergency medical services personnel" has the same meaning as in <u>Section</u>
  8 <u>2 of this Act[KRS 311A.010]</u>; and
  - (b) "Member of an organized fire department, or emergency medical services personnel" includes volunteers, if the violation occurs while the volunteer is performing duties with an organized fire department or as emergency medical services personnel.
  - Section 68. Each member of the Emergency Medical Services Advisory Committee established in Section 1 of this Act, other than those representing positions in the Cabinet for Health and Family Services, shall hold office for a term of four years and until their successors are appointed, except that the members appointed to fill the first vacancy occurring for a term beginning on July 1, 2022, shall be as follows: Four members shall be appointed for one year, four for two years, four for three years, and five for four years, and the respective terms of the first members shall be designated by the chair of the advisory committee at the time of their appointments. Upon the expiration of the respective terms of the members first appointed, the term of each successor shall be for four years and until his or her successor is appointed.
  - → Section 69. (1) In accordance with KRS 13A.312, each administrative regulation promulgated by the Kentucky Board of Emergency Medical Services prior to the effective date of this Act shall remain in effect as it exists until the Office of Inspector General amends or repeals the administrative regulation pursuant to KRS Chapter 13A.
- 27 (2) The Office of Inspector General shall review the existing administrative

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1 regulations promulgated by the Kentucky Board of Emergency Medical Services within 2 six months of the effective date of this Act and shall promulgate emergency and ordinary 3 administrative regulations needed to effectuate any amendments or repeals based on that 4 review within nine months of the effective date of this Act. Additionally, the Office of 5 Inspector General is authorized to promulgate any new administrative regulations needed 6 to implement Sections 1 through 37 of this Act as emergency administrative regulations, 7 accompanied by ordinary administrative regulations, within nine months of the effective 8 date of this Act. 9 → Section 70. Upon the effective date of this Act, the affairs of the Kentucky 10 Board of Emergency Medical Services shall be concluded, and any records, files, and 11 documents associated with the activities of the Kentucky Board of Emergency Medical 12 Services shall be transferred to the Cabinet for Health and Family Services, Office of 13 Inspector General. Any records, files, documents, equipment, supporting budgets, and any 14 and all unexpended funds associated with the activities of the Kentucky Board of 15 Emergency Medical Services shall be transferred to the Cabinet for Health and Family 16 Services, Office of Inspector General. All advisory opinions, decisions, and actions 17 promulgated, made, or taken by the Kentucky Board of Emergency Medical Services that 18 have not been repealed or rescinded shall continue in effect after the effective date of this 19 Act unless the Office of Inspector General issues an advisory opinion, decision, or action 20 to repeal, rescind, or amend the prior action. 21 → Section 71. The following KRS sections are repealed: 22 311A.015 Kentucky Board of Emergency Medical Services -- Members -- Terms --23 Quorum -- Procedure -- Removal of members -- Reimbursement -- Annual reports. 24 311A.040 Advisory opinions. 25 311A.055 Complaint of violation of chapter -- Investigation -- Notification --26 Preliminary inquiry board -- Hearing -- Order -- Appeal -- Discipline -- Sexual

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contact with patient.

- 1 311A.070 Written notice of complaint or proposed action.
- 2 311A.075 Immediate temporary suspension of license or certification -- Hearing.
- 3 → Section 72. Whereas, the health and safety of Kentucky's citizens is of the
- 4 utmost importance and the General Assembly has heard horror stories about patients
- 5 lingering in limbo waiting for ambulance transfers, sometimes for days, and the current
- 6 board has not adequately addressed patient transport issues, an emergency is declared to
- 7 exist, and this Act takes effect upon its passage and approval by the Governor or upon its
- 8 otherwise becoming law.